



KEYSTONE LOCAL SCHOOLS

STUDENT SUSPECTED BULLYING/HARASSMENT REPORTING FORM

RETURN THIS FORM TO A SCHOOL STAFF MEMBER

Optional

YOUR NAME _____

YOUR GRADE _____

SUSPECTED BULLY'S NAME _____ SUSPECTED BULLY'S GRADE _____

NEEDED INFORMATION

CIRCLE ONE: "I was bullied." OR "I saw someone get bullied." DATE: _____

CIRCLE WHERE THE BULLYING HAPPENED:

Classroom Hall Bathroom Cafeteria Playground
Art/Music/PE Locker area Out of school Internet Cell Phone
Outside of school building on school property

Other _____

CIRCLE HAS THE BULLYING OCCURRED MORE THAN ONCE? Yes No
If YES, how many times has this happened? _____

CIRCLE HAS THE BULLYING BEEN REPORTED PRIOR TO THIS REPORT? Yes No

CIRCLE WHEN THE BULLYING HAPPENED:

Before school After school Morning Lunch Afternoon

CIRCLE WHAT HAPPENED: "I was..." or "I saw someone get"

Hit Kicked Pushed Teased Laughed at
Cyber Bullied (internet or phone) Excluded on purpose

Other: _____

What else would you like us to know about this? What was said and/or done to the victim?



KEYSTONE LOCAL SCHOOLS **STAFF SUSPECTED BULLYING/HARASSMENT REPORT FORM**

RETURN THIS FORM TO A SCHOOL ADMINISTRATOR OR DESIGNEE

SCHOOL: _____

NAME OF PERSON COMPLETING THIS FORM: _____

DATE: _____

NAME OF TARGET _____ NAME OF AGRESSOR _____

First incident involving this target? _____ First incident involving this aggressor? _____

Response:

_____ Informed the administrator (Informing the administrator is **required** when you suspect that this instance constitutes bullying/harassment or when the severity of the incident warrants his or her knowledge of the event.

_____ Informed other staff members. List their names:

_____ Informed classroom teacher of the aggressor.

_____ Informed classroom teacher of the target.

_____ Increase monitoring in identified location st identified time.

_____ Counseled the target

_____ Counseled the aggressor

_____ Counseled bystanders

_____ Held a class meeting

_____ Informed parent of the target

_____ Informed parent of the aggressor

_____ Other:

Use this space to provide additional details regarding your response to the incident.

**KEYSTONE LOCAL SCHOOLS
ADMINISTRATIVE INVESTIGATION OF POSSIBLE
BULLYING/HARASSMENT INCIDENT**

Directions: This form is used by an KLS administrator or designee for the purpose of determining whether or not a reported incident constitutes bullying or harassment and to document an appropriate response to significant incidents, whether or not they constitute bullying or harassment.

Bullying is defined as any intentional written, verbal, graphic or physical act (including cyber bullying using information and communication technologies such as Web sites, instant messages, camera phones or i-pods) that a student or group of students exhibited toward another particular student more than once and the behavior both:

- causes mental or physical harm to the other student; and
- is sufficiently severe, persistent or pervasive that it creates an intimidating, threatening or abusive educational environment for the targeted student.

Harassing behavior is based on: Race Color National Origin Gender Disability Sexual orientation (circle one if appropriate)

Source Information:

Investigator Name and Title: _____ School: _____ Date of investigation: _____

Source of referral: (Circle One or More) Teacher Targeted Student Other Student Parent Other

Name of referring party: _____ Contact information _____

Description of Incident: _____

Location: _____ Date of incident: _____ Time: _____

Name of Aggressor: _____ Grade: _____ Teacher: _____

Name of Target: _____ Grade: _____ Teacher _____

Names of Bystanders: _____

Description of incident: _____

Determination-All answers to these questions must be "yes" to make a determination that the incident was bullying:

Was the incident intentional: _____ Type: Verbal Physical Cyber Relational

Has this aggressor annoyed this target previous to this incident? _____

Did the incident cause the target mental or physical harm? _____

Was the incident sufficiently severe, persistent or pervasive that it creates an intimidating, threatening or abusive educational environment for the target student? _____

This incident: 1.Does OR 2.Does not (circle one) constitute
1.Bullying 2.Harassment. (circle one)

Parent Contact of: Target _____ Date: _____ Time: _____

Bully/Harasser (if necessary) Date: _____ Time: _____

Administrative Response Administrative Signature _____

School _____ Date _____

KEYSTONE LOCAL SCHOOLS BULLYING/HARASSMENT ADMINISTRATIVE INTERVENTION

Action **MUST** be taken when the incident is determined to constitute bullying or harassment.

Action may still be recommended even when the incident is not determined to constitute bullying or harassment.

Consideration will be given to:

*The degree of harm caused by the incident

*The relationship between the parties involved

*The surrounding circumstances

*Past incidences or continuing patterns of behavior

*The nature and severity of the behavior

Impact on the school community and climate.

Determine interventions needed. Check as many as are needed. Describe all interventions checked.

Structural Changes:

Increased monitoring in the halls

Increased monitoring before and after school

Change of student's schedule

Change lunch seating or periods

Change locker location

Bus/Transportation changes

Other

Counseling for Target

Counseling for Bully/Harasser

Check back with student every __ days

Hold a class meeting

Training for staff members students Parents

Functional assessment of bully/harasser and situation

Inform students and/or parents of bullying/harassment policy and consequences of bullying/harassment

Disciplinary action:

Detention

Saturday School

Suspension

Expulsion

Legal action:

Other:

Administrator's Signature _____ Date: _____

School: _____

Keep one copy in the school office. Send one copy to Student Conduct Coordinator.