

Putnam Public Schools Suspected Bullying Reporting Form

REFERRAL INFORMATION

School Name: _____ Administrator: _____

Date Of This Report: _____

Name of Suspected Bully: _____ Grade of Suspected Bully: _____

Name of Suspected Victim: _____ Grade of Suspected Victim: _____

Name of Person Reporting the Suspected Bullying: *(Anonymous maybe listed here. No disciplinary action can be taken based only on an anonymous report).*

Role of Person Reporting the Suspected Bullying: Choose an item.
[If *Other* is chosen for this item, list role of the person here:]

INCIDENT INFORMATION

Date The Suspected Bullying Occurred:

Approximate Time Suspected Bullying Occurred: [list as HH:MM am or pm]

Location Where Suspected Bullying Occurred:
[If the suspected bullying occurred using an electronic device, type Electronic Device in the space above.]

List The Names of Any Student or Staff Witnesses:

Choose the item(s) which best describe the suspected bullying behavior.

- | | | |
|---|---|---|
| <input type="checkbox"/> Verbal Comments | <input type="checkbox"/> Written Comments | <input type="checkbox"/> Electronic Postings (e-mail, text, etc.) |
| <input type="checkbox"/> Physical Contact | <input type="checkbox"/> Threatening Gesture or Comment | |
| <input type="checkbox"/> Damaging property | <input type="checkbox"/> Spreading Rumors/Gossip | <input type="checkbox"/> Stealing/Extortion |
| <input type="checkbox"/> Other - - Please describe the behavior here: _____ | | |

The behavior(s) chosen above was repeated more than once toward the same student. YES NO

This form must be completed and e-mailed to the school administrator or printed and given to the school administrator. A school employee must submit this form within two school days of becoming aware of a suspected bullying event.