

PITTSBURG UNIFIED SCHOOL DISTRICT Report of Suspected Bullying/Harassment/Discrimination

Two-Sided Form P. 1 of 2

Directions: Complete this form to report <u>alleged</u> bullying/harassment/discrimination. Please forward to the principal **immediately.** An investigation will be conducted to determine if bullying occurred and corrective actions needed.

Bullying/Harassment/Discrimination are defined as: physical, verbal, nonverbal or written conduct that is so severe and pervasive that it affects a student's ability to participate in or benefit from an education program or activity; creates an intimidating, threatening, hostile, or offensive educational environment; has the effect of substantially or unreasonably interfering with a student's academic performance; or otherwise adversely affects a student's educational opportunities.

Date of Alleged Incident(s):	School:			
Name of Student Targeted:		Grade:		
Name of Student Aggressor:		Grade:		
Name of Student Aggressor:		Grade:		
Name of Student Aggressor:		Grade:		
What happened? (Choose all that apply) Direct physical aggression/fighting Getting another person to hit or harm student Teasing, name-calling, threatening Making rude or threatening gestures Using racial or religious slurs		☐ Sexual name ☐ Intimidating ☐ Spreading ha	rejecting the student e calling g, exploiting or extorting rmful rumors or gossip	
Where did the incident happen? (Choose all that apply)				
☐ Classroom☐ Hallway☐ Lunch room	☐ Restroom☐ Playground/field☐ Field trip/activity/event		☐ Off school property☐ Email/text/computer☐ Other:	
When did the incident happen?				
☐ During class time☐ Passing period	☐ Recess ☐ Before/afterschool		☐ Lunchtime ☐ Other:	
Please describe the incident in more detail? (Please attach a sheet if more space is needed)				
Person Reporting Alleged Incident (may not be the person completing this form)				
Name:	Phone:		Title:	
Person Completing Form				
Name:	Р	Phone:	Title:	
Signature:			Date Completed:	



PITTSBURG UNIFIED SCHOOL DISTRICT

P. 2 of 2
Two-Sided Form

Report of Suspected Bullying (This side to be completed by Administrator)

Administrator Conducting Investigation			
Name:		Title:	
Summary of Investigation:			
Outcome of I	nvestigation: Did the incident investigated meet the district's definit	ion of bullying/harassment/discrimination?	
□ No	If bullying/harassment/discrimination did not occur, process is complete		
□ Vec	If bullying/harassment/discrimination behavior occurred, create a:		
 Yes 1. Action Plan for the student(s) who engaged in bullying/harassment/discrimination behavior. 2. Safety Plan for the targeted student. 			
☐ Student /	Action Plan completed	Date:	
☐ Student S	afety Plan completed	Date:	
Contact the parent/guardian(s) of the student(s) who were targeted or engaged Parent Name:		d in behavior Date:	
Parent Name:		Date:	
Parent Name: Dat		Date:	
Administrator Completing This Form			
Name:		Date:	