



6127 Summer Fest Dr, San Antonio, TX 78244 – Ph: (210) 473-2698- Email: connect@saprep.org

BULLYING REPORTING INCIDENT FORM

CONFIDENTIAL

Bullying, defined as any pattern of written or verbal expression, physical act or gesture that is intended to cause or is perceived as causing distress, by either an individual student or a group of students, is expressly prohibited and will not be tolerated. This includes the misuse of technology for the same purpose. This form is to be used to report alleged incidents of bullying. Please complete all sections of the form and return to the Building Principal/Supervisor. Please print.

Today's Date:		School:	
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Person Reporting Incident

Name:		Phone:		Email:	
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Place an X in the appropriate box:
 Student Student (witness/bystander) Parent/guardian Close adult relative School staff

Date(s) incident(s) occurred: ____ / ____ / ____ (MM/DD/YYYY)

Name of victim(s):		Age:	
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Name(s) of alleged offender(s) (if known):	Age	School (if known)	Is he/she a student?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Type of Bullying (X all that apply):

Name calling/offensive remarks Exclusion Hit, kicked, punched Told lies or false rumors Threatened

Electronic communications Racial Comments Sexual comments Took/damaged possessions

(please explain):

Other/Explanation:	
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Where did the bullying happen? (X all that apply):

Outside Hallway In class with teacher In class without teacher Bathroom

Office Cafe To/from school Social Media

Other:	
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People the victim has spoken to about the bullying incident (X all that apply):



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<input type="checkbox"/> Teacher <input type="checkbox"/> School Staff Member <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Close Adult Relative	
What did the alleged offender(s) say or do?	
Did a physical injury result from this incident?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, but it did not require medical attention <input type="checkbox"/> Yes, and it required medical attention (please explain)	
Medical attention required:	

District Office

Was the student victim absent from school as a result of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many days was the student victim absent from school as a result of the incident?	
Is there any additional information you would like to provide?	

Please Note: This form is an internal document used by administrators to investigate reports of bullying. As such, it is not maintained in student cumulative files and is not considered a student record. Should a student receive discipline as a result of this report, a separate student discipline form will be completed and entered into the student’s file for the period of time prescribed by law. The District is not authorized to disclose private educational information or personal data of an alleged perpetrator who is a student or employee of the District to either the victim or victim’s family. However, the District will notify and share information with the parent or guardian of each student involved in a reported bullying incident to the extent permissible by law.

Signature: _____

Date: _____

INVESTIGATION REPORT

Investigated by:	Position:
Date:	
Final Report of Investigation of bullying complaint by _____ against _____, alleged offender.	



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In my/our investigation of the complaint, it is found (check appropriate response):

- Found grounds to substantiate the allegations
- Did not find grounds to substantiate the allegations
- Did not find enough information to make a judgment on the allegations

Summary of investigation, findings, and disciplinary action:

Parent/Guardian contacted?

Yes Date: ____ / ____ / ____ No
(MM/DD/YYYY)

Signature of Investigator: _____ Date: _____

Signature of Principal: _____ Date: _____
(If not Investigator)

Supports offered to victim: _____

Safety Plan Developed? Yes No Date: _____