SAN RAMON VALLEY UNIFIED SCHOOL DISTRICT
Report of Suspected Bullying/Harassment/Discrimination

Directions: Complete this form to report alleged 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	☐ Excluding or rejecting the student
☐ Getting another person to hit or harm student	☐ Sexual name calling
☐ Teasing, name-calling, threatening	☐ Intimidating, exploiting or extorting
☐ Making rude or threatening gestures	☐ Spreading harmful rumors or gossip
☐ Using racial or religious slurs	☐ Other: _____

Where did the incident happen? (chose all that apply)

☐ Classroom	☐ Restroom	☐ Off school property
☐ Hallway	☐ Playground/field	☐ Email/text/computer
☐ Lunch room	☐ Field trip/activity/event	☐ Other:

When did the incident happen?

☐ During class time	☐ Recess	☐ Lunchtime
☐ Passing period	☐ Before/after school	☐ 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:	Phone:	Title:
Signature:		Date Completed:

Page 2 to be completed by Administrator

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Report of Suspected Bullying

(This Side To Be Completed by Administrator)

Administrator Conducting Investigation	
Name:	Title:

Summary of Investigation:

Outcome of Investigation: Did the incident investigated meet the district's definition of bullying/harassment/discrimination?	
☐ **No**	If bullying/harassment/discrimination did not occur, **process is complete**
☐ **Yes**	**If bullying/harassment/discrimination behavior occurred, create a**: 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 Safety Plan completed**	Date:

Contact the parent/guardian(s) of the student(s) who were targeted or engaged in behavior	
Parent Name:	Date:
Parent Name:	Date:
Parent Name:	Date:

Administrator Completing This Form	
Name:	Date:

Administrator to send copy of 1.Report (two-sided form) 2. Student Action Plan and 3. Student Safety Plan to Director of Student Services