

**FORM TO REPORT  
BULLYING BEHAVIOR**

**Directions:** Bullying of BCISD students will not be tolerated. This form may be used to report bullying-type behavior that occurred occurs on school property; at a school-sponsored activity or event off school property; on school-sponsored transportation; on the way to and/or from school; or off school property. Complete this form and return it to a campus administrator or other campus employee. Contact the school for additional information or assistance at any time. **Please note that the identity/signature of the person reporting bullying is not required.**

“**Bullying**” is defined as a single significant act or a pattern of acts by one or more students directed at another student that exploits an imbalance of power and involves engaging in written or verbal expression, expression through electronic means, or physical conduct that (1) has the effect or will have the effect of physically harming a student, damaging a student’s property, or placing a student in reasonable fear of harm to the student’s person or of damage to the student’s property; (2) is sufficiently severe, persistent, or pervasive enough that the action or threat creates an intimidating, threatening, or abusive educational environment for a student; (3) materially and substantially disrupts the educational process or the orderly operation of a classroom or school; or (iv) infringes on the rights of the victim at school. Bullying includes cyberbullying.

**Date of report:** \_\_\_ / \_\_\_ / \_\_\_      **Reported to:** \_\_\_\_\_

**Person Reporting Incident (Optional)**

Name: \_\_\_\_\_ Campus/Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Student       Student (Witness/Bystander)       Parent/Guardian       Other adult       School employee

1. **Name of student target(s):** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

|   |            |               |
|---|------------|---------------|
| <b>2. Print Name(s) of accused student(s) (if known):</b> | <b>Age</b> | <b>Campus</b> |
| _____   | _____      | _____         |
| _____   | _____      | _____         |

3. **Print Name(s) of witnesses to the alleged incident(s), including grade (if applicable) and personal association to the alleged victim (friend, classmate, general acquaintance).**

\_\_\_\_\_

\_\_\_\_\_

4. **When did the incident take place?**      **Date:** \_\_\_\_\_      **Time:** \_\_\_\_\_      **Class Period:** \_\_\_\_\_

5. **Where did the incident happen?** \_\_\_\_\_

6. **What happened?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. **Why do you think this happened?** \_\_\_\_\_

\_\_\_\_\_

8. **Is there any additional information you would like to provide?** (Attach another sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

(Optional)Signature of Person Submitting Report: \_\_\_\_\_ **Date submitted:** \_\_\_ / \_\_\_ / \_\_\_

**FOR ADMINISTRATIVE USE ONLY:**

**Received by:** \_\_\_\_\_ **Date received:** \_\_\_ / \_\_\_ / \_\_\_