



SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

Report of Suspected Bullying (E5145.4)

DATE: _____

Directions: Complete this form to report alleged bullying. Please forward one copy to the principal and one copy to Bullying Prevention Specialist **immediately**. An investigation will be conducted to determine if bullying occurred and corrective actions needed.

Date of Alleged Incident(s): _____	School: _____
Name of Student Targeted: _____	Grade: _____
Name of Student Aggressor(s): _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____

What happened? (chose 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	Excluding or rejecting the student Sexual name calling Intimidating, exploiting or extorting Spreading harmful rumors or gossip Other: _____

Where did the incident happen? (chose all that apply)		
Classroom Hallway Lunchroom	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/after school	Lunchtime Other: _____

Please indicate if the incident involved aggression toward a student based on these actual or perceived characteristics:				
Appearance or Weight	Sexual Orientation or Gender Identity	Special needs or disability	Race or Ethnicity	Immigration Status

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: _____	