## Sleepy Eye Public Schools Bullying Report Form

## General Statement of Policy Prohibiting Bullying

Sleepy Eye Public Schools maintains a firm policy prohibiting bullying conduct that interferes with a student's ability to learn and/or a teacher's ability to educate students. Bullying or cyberbullying by a student against another student is strictly prohibited and will not be tolerated.

Reporter:			
Home address:			
Home Phone:	Work Phone:	Cell Phone:	
Date of alleged inciden	t(s)		
-	o engaged in bullying:	<u> </u>	
Where did the alleged	incident(s) occur?		
List any witnesses that	were present:		

Describe what happened as clearly as possible, including details such as what was said and who made the statements, whether anyone made a threat or demand for something and what threat or demand was made, whether physical contact happened (i.e.: hitting, punching, throwing an item, etc.), whether anyone was injured or property was damaged, the ages or grades of the students, if known, etc. (Attach additional pages if necessary).

Circle each that apply if the bullying was directed at another student due to the student's actual or perceived: race \ ethnicity \ color \ creed \ religion \national origin \ immigration status \ sex \ marital status \ familial status \ socioeconomic status \ physical appearance \ sexual orientation \ gender identity and expression \ academic status related to student performance \ disability \ status with regard to public assistance\ age .

Was the bullying conduct in retaliation for a student's conduct and if yes, please describe.

Did the bullying occur through an electronic communication (i.e.: Facebook, Twitter, email, etc.) and if so, identify the form of communication? (If available, attach a copy of the communication.

Complainant Signature

Date

**Complaint Received By**