



BULLYING INCIDENT FORM

POLICY STATEMENT:

Ind. School District No. 2184 is dedicated to fostering a learning environment that is free from bullying and harassment. Bullying, as defined below, in any form is strictly prohibited. All students are entitled to feel safe, respected, and included. This policy extends to cover incidents of bullying based on race, color, creed, religion, national origin, sex, age, marital status, familial status, status with regard to public assistance, sexual orientation, or disability.

DEFINITION OF BULLYING:

Bullying is defined as:

- (1) any repeated unwanted aggressive behavior, whether verbal, physical, or social, directed at an individual or group,
- (2) involves an imbalance of power, and
- (3) is intended to cause harm, distress, or fear.

Bullying may take various forms, including but not limited to verbal bullying, physical bullying, cyberbullying, social exclusion/ostracism, intimidation, threats, or any other behavior that creates a hostile environment.

COMPLAINANT INFORMATION:

Please provide the following information:

Complainant:

Address:

Phone Number:

BULLYING INCIDENT:

Provide specific information regarding the incident:

Date of Bullying Incident(s):

Type of Bullying - Check as Appropriate:

- | | |
|--|---|
| <input type="checkbox"/> Verbal Bullying | <input type="checkbox"/> Social Exclusion/Ostracism |
| <input type="checkbox"/> Physical Bullying | <input type="checkbox"/> Intimidation |
| <input type="checkbox"/> Cyberbullying | <input type="checkbox"/> Threats |
| | <input type="checkbox"/> Other (Specify): |

Details of the Bullying Incident(s):

Name of the person engaged in bullying behavior:

If the incident was towards another person or group, identify that person or group:

Description of Bullying Incident(s):

Describe the incident(s) as clearly as possible, including details such as:

- Specific actions or words used.
- Any physical contact involved.
- Online platforms used for cyberbullying.
- Attach additional pages if necessary.

Incident Location and Timing:

Where and when did the bullying incident(s) occur?

Witness Information:

List any witnesses present during the bullying incident(s).

COMPLAINANT CERTIFICATION:

I, _____, file this report based on my sincere belief that [Name of Alleged Bully] _____ engaged in bullying behavior toward me or another person or group. I hereby certify that the information I have provided in this report is true, correct, and complete to the best of my knowledge and belief.

(Complainant Signature) _____ (Date) _____

****Completed forms can be submitted to any administrative office.****

