



# ST. CLAIR PUBLIC SCHOOL

121 Main St West ~ PO BOX 99 ~ St. Clair, MN 56080

## BULLYING REPORT AND INCIDENT FORM

"Bullying" is defined as intimidating, threatening, abusive, or harming conduct that is objectively offensive, is repeated or forms a pattern, and materially and substantially interferes with a student's educational opportunities and participation. Bullying includes an imbalance of power between the alleged offender and the victim. Bullying also includes "cyberbullying", on or off school premises, with or without school equipment, to the extent that it interferes with student learning or disrupts the school environment. This form is to be used to report alleged incidents of bullying. Please complete all sections of the form and return to the Building Principal/ Supervisor. Please print.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

School: \_\_\_\_\_

### PERSON REPORTING INCIDENT

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Place an X in the appropriate box: ☐ Student ☐ Student bystander ☐ Parent/ guardian ☐ Close adult relative ☐ School Staff

Date (s) incident(s) occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year      Month Day Year      Month Day Year

Name of student victim (s): \_\_\_\_\_ Age: \_\_\_\_\_

Name(s) of alleged offender (s) (if known):	Age	School (if known)	Is he/she a student?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Type of Bullying (X all that apply):

- ☐ Name calling/offensive remarks ☐ Exclusion ☐ Hit, kicked, punched ☐ Told lies or false rumors ☐ Threatened  
☐ Racial comments ☐ Sexual comments ☐ Took or damaged possessions ☐ Electronic communications (please explain)

Other/ Explanation: \_\_\_\_\_

### Where did the bullying happen? (X all that apply):

- ☐ Field ☐ Hallway ☐ In class with teacher ☐ In class without teacher ☐ Bathroom ☐ Line-up areas ☐ Lunchroom  
☐ To/from school ☐ Bus stop ☐ Bus ☐ Other: \_\_\_\_\_

### People the victim has spoken to about the bullying incident? (X all that apply):

- ☐ Teacher ☐ Other adult at school ☐ Parent/ guardian ☐ Sibling ☐ Friend ☐ Close adult relative

What did the alleged offender(s) say or do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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**Did a physical injury result from this incident?**

☐ No ☐ Yes, but did not require medical attention ☐ Yes, and it required medical attention (please explain)

Medical attention required: \_\_\_\_\_

**Was the student victim absent from school as a result of this incident?** ☐ Yes ☐ No

If yes, how many days was the student victim absent from school as a result of the incident? \_\_\_\_\_

**Is there additional information you would like to provide?**

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**Please Note:** The school district is not authorized to disclose to a victim, private educational or personnel data regarding an alleged perpetrator who is a student or employee of the school district. School officials will notify the parent(s) or guardian(s) of students involved in a bullying incident and the remedial action taken, to the extent permitted by law, based on a confirmed report.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INVESTIGATION REPORT

Investigated by: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Final Report of Investigation of bullying complaint by \_\_\_\_\_ against  
\_\_\_\_\_, alleged offender.

In my/ our investigation of the complaint, it is found: (check appropriate response)

- ☐ Found grounds to substantiate the allegations  
☐ Did not find grounds to substantiate the allegations  
☐ Did not find enough information to make a judgment on the allegations

Summary of investigation, findings, and disciplinary action: \_\_\_\_\_

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Parent/ guardian contacted? ☐ Yes - Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ No  
Month Day Year

Signature of investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
(If not investigator)