

HMS BULLYING SITUATION REPORT

(Policies 5517 & 5517.01)

Instructions: Complete the form and turn into the bin outside of Miss Camelli's office.

Report Number (assigned by Miss Camelli): _____ **Date:** _____

Signature of reporting adult: _____

Name of victim: _____ **Grade of victim:** _____

Name of bully: _____ **Grade of bully:** _____

Names of witnesses/bystanders (if any): _____

Describe in as much detail as possible, what happened during the bullying situation.

Circle where and when the bully situation took place. Circle all that apply.

Bathroom	Hallway	Stairwell
Classroom	Cafeteria	Locker room
Gym	Library	School Entrance/Exit
Waiting for bus before school	On the bus	Exiting the bus
Other:		

***FOR ADMINISTRATIVE PURPOSES ONLY (DO NOT WRITE BELOW THIS LINE)**

Circle the specific actions taken: intervention and/or disciplinary measures.

Verbal Warning/Conference with bully	Detention	SMART	ISD	OSS
Telephoned parent of bully	Conference with Parent of bully			
Other:				

Summary of Investigation: _____

Outcome of investigation: Unsubstantiated _____ **Substantiated:** _____

Parent(s) of victim contacted by: _____ **Date:** _____ **Time:** _____

HMS BULLYING WITNESS STATEMENT FORM

Instructions: This form *must* be completed by the witnesses of the alleged bullying. One form must be completed by each witness. All statements that relate to the bullying incident should be attached to the Bullying Situation Report.

PLEASE PRINT CLEARLY:

NAME OF WITNESS: _____ TITLE: (Circle one) Student Parent Staff

VICTIM NAME: _____ VICTIM GRADE: _____

ACCUSED NAME: _____ ACCUSED GRADE: _____

INCIDENT DATE: _____

When and where did incident occur?

What happened?

What was your response, and did you help the student being bullied?

Who were the other witnesses?

List and attach, if possible, evidence of bullying (for example, photos, notes, letters, damaged property).

I agree that all of the above information is true and accurate to the best of my knowledge.

Signature of Witness: _____ Date: _____

Received by: _____ Date: _____

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NAME/TITLE OF INTERVIEWER: _____ DATE: _____

NOTES: _____
