

<b>DOVER SCHOOL DISTRICT</b>	<b>POLICY CODE: JICK-E</b>
<b>DATE OF ADOPTION: DECEMBER 13, 2010</b>	<b>4 PAGES</b>

**DOVER SCHOL DISTRICT  
BULLYING/ CYBERBULLYING  
REPORT FORM**

**General Statement of Policy Prohibiting Bullying and Cyberbullying**

The Dover School District maintains a firm policy prohibiting all forms of bullying and cyberbullying. This includes engaging in, or causing others to engage in, the bullying or cyberbullying of a pupil, and retaliation or false accusations against a victim, witness, or anyone else who in good faith provides information about an act of bullying or cyberbullying.

REPORTER: \_\_\_\_\_

DATE OF ALLEGED INCIDENT(S): \_\_\_\_\_

NAME OF PERSON YOU BELIEVE WAS THE VICTIM OF BULLYING OR CYBERBULLYING:

\_\_\_\_\_

NAME OF PERSON(S) YOU BELIEVE ENGAGED IN BULLYING OR CYBERBULLYING

\_\_\_\_\_

LIST ANY WITNESSES PRESENT:

\_\_\_\_\_

WHERE DID THE INCIDENT(S) OCCUR?

\_\_\_\_\_

Describe the incident(s) as clearly as possible including any written, verbal, or electronic communication or physical acts or gestures or both you observed. (Attach additional pages if necessary.)

This report is filed based on my good faith belief that I have observed an incident or have been a victim of bullying or cyberbullying. This report is not made in retaliation against any person previously a victim or witness of bullying or cyberbullying, or who provided information about an act of bullying or cyberbullying.

REPORTER'S SIGNATURE & DATE: \_\_\_\_\_

RECEIVED BY & DATE: \_\_\_\_\_

**BULLYING AND CYBERBULLING INVESTIGATIVE REPORT**

Investigator \_\_\_\_\_ Principal or Designee \_\_\_\_\_

Date Incident Reported \_\_\_\_\_ Date Investigation Began \_\_\_\_\_

**THE VICTIM**

Victim \_\_\_\_\_

Victim Parent/Guardian Name \_\_\_\_\_

Victim Parent/Guardian Address \_\_\_\_\_

Victim Parent/Guardian Telephone \_\_\_\_\_

Victim Parent/Guardian Notification Date \_\_\_\_\_ Time \_\_\_\_\_

**THE PERPETRATOR(S)**

Involved Student (s) \_\_\_\_\_

Student's Parent/Guardian Name \_\_\_\_\_

Student's Parent/Guardian Address \_\_\_\_\_

Student's Parent/Guardian Telephone \_\_\_\_\_

Student's Parent/Guardian Notification Date \_\_\_\_\_ Time \_\_\_\_\_

**BULLYING/CYBERBULLING DETERMINATION**

**A. DESCRIPTION OF INCIDENT OR PATTERN OF INCIDENTS (must include one of the following)**

Bullying” means a single significant incident, or a pattern of incidents, involving a written, verbal, or electronic communication, or a physical act or gesture, or any combination thereof, directed at another pupil. Describe the incident.

**B. SIGNIFICANT BECAUSE IT RESULTED IN ONE OR MORE OF THE FOLLOWING (check all that apply; must check one)**

- \_\_\_\_\_ 1. Physical harm to the pupil or damage to the pupil's property
- \_\_\_\_\_ 2. Emotional distress to the pupil going beyond an emotive experience
- \_\_\_\_\_ 3. Interference with a pupil's educational opportunities (e. g. excessive absenteeism , social isolation, avoidance of school environments or activities, disengagement from learning)
- \_\_\_\_\_ 4. Hostile educational environment (e.g.student is fearful of school or school activities)
- \_\_\_\_\_ 5. Substantial disruption of the orderly operation of the school

**C. ACTIONS MOTIVATED BY (must check one):**

\_\_\_\_\_ Imbalance of power based on a pupil's actual or perceived personal characteristics, behaviors, or beliefs

\_\_\_\_\_ Association with another person and based on the other person's characteristics, behaviors, or beliefs

**D. PERSONAL CHARACTERISTICS, BEHAVIORS, OR BELIEFS (must circle one)**

Race

Color

Religion

National origin

Ancestry

Ethnicity

Sexual orientation

Socioeconomic status

Age

Physical disability

Mental disability

Emotional disability

Learning disability

Gender

Gender identity

Gender expression

Obesity

Distinguishing characteristics

Other personal characteristic \_\_\_\_\_

**CONCLUSION**

**This investigation finds /does not find (circle one) substantiation of the reported incident of bullying and/or cyberbullying.**

\_\_\_\_\_  
Signature of Principal or Designee Date \_\_\_\_\_

**REMEDATION AND DISCIPLINE RESPONSES**

**In response to this report, the following actions will be taken:**

\_\_\_\_\_ Remediation (explain briefly) \_\_\_\_\_

\_\_\_\_\_ Discipline (explain briefly) \_\_\_\_\_

\_\_\_\_\_ Assistance to Victim (explain briefly) \_\_\_\_\_

\_\_\_\_\_ Assistance to Perpetrator (explain briefly) \_\_\_\_\_

Date investigation completed \_\_\_\_\_

Date parents informed of the district's remedies and assistance \_\_\_\_\_

How parent informed (check all that apply) \_\_\_\_\_ Telephone \_\_\_\_\_ Letter \_\_\_\_\_ Conference

*Upon completion, this report will be filed with the building principal and a copy sent to the superintendent*