

# Eden Jr./Sr. High

## Bullying Referral Form

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

Reporting Person: \_\_\_\_\_

Name(s) of victim(s):

Name(s) of student(s) bullying:

Name(s) of Witnesses/Bystanders:

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

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

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

**Type of Bullying** (circle all that apply)

- |                    |                 |                     |                           |
|--------------------|-----------------|---------------------|---------------------------|
| Name Calling       | Excluded        | Hit, Kicked, Pushed | Told Lies or False Rumors |
| Threatened         | Racial Comments | Sexual Comments     | Took/Damaged Possessions  |
| Off School Grounds | Cyberbullying   |                     |                           |

Other (explain): \_\_\_\_\_

**Where did the bullying happen?** (circle all that apply):

- |                    |              |                       |                          |
|--------------------|--------------|-----------------------|--------------------------|
| Field              | Hallway      | In class with Teacher | In class without Teacher |
| Bathroom           | Line-up area | Lunch                 | To/From School           |
| Bus Stop           | Bus          | Other: _____          |                          |
| Off School Grounds |              |                       |                          |

**People the Victim has spoken to about the bullying incident** (circle all that apply):

- |         |                       |                 |         |        |
|---------|-----------------------|-----------------|---------|--------|
| Teacher | Other Adult at School | Parent/Guardian | Sibling | Friend |
|---------|-----------------------|-----------------|---------|--------|

**Explain what happened:**

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

-----For Office Use Only-----

Repeat Bullying Offender? Yes or No, Step \_\_\_\_\_

Parent Contact? Yes or No

Referral? Yes or No

Entered Report: Yes or No

# Incident Report Accused

Name \_\_\_\_\_ Date \_\_\_\_\_ Teacher \_\_\_\_\_  
First name Last name

**Names of other students involved** \_\_\_\_\_

**My side of the story:** \_\_\_\_\_

What happened because you made this choice? \_\_\_\_\_

What is your plan to solve this problem? What will you do? \_\_\_\_\_

What should be the consequence if you choose to make this kind of a choice again? \_\_\_\_\_

Parent Contacted: Yes or No

Administrator \_\_\_\_\_ Date: \_\_\_\_\_