FILE: JFCF-AF2 Critical

BULLYING

(Bullying Incident Report Form for Use by Parents, Students and Community Members)

Reporter (Person Filing the Report)				
Date Filed:				
Name:				
Address:				
Phone Number: E-mail:				
Relationship to the student being bullied (parent/guardian, fellow student, community member				
tc.):				
I prefer to remain anonymous. (The district will investigate all allegations of bullying but it is more difficult to follow up on anonymous reports.)				
Bullying frequently involves repeated behavior. If you have witnessed or have knowledge of more than one incident, please provide information on all incidents. Please feel free to use multiple forms or attach additional pages if necessary to report all related incidents. Did you witness this incident? Yes No				
7d you withous this incident: Tes Tvo				
f no, provide the specific information as to how you found out about this incident:				
Details of Incident				
. Date and time the incident took place: Date: Time: If the exact date and time are uncertain, provide an approximate date and time.)				
Where did the incident take place? (Be as specific as possible. For example, instead of "the middle school," specify "the sixth-grade section men's bathroom at the middle				

school.")

3.	Please provide as much of the following information as possible for each stude was the target of the bullying:			
	Name of Targeted Student	Level School of Attence	Grade lance	
	Name of Targeted Student	Level School of Attend	Grade	
	Name of Targeted Student	Level School of Attend	Grade lance	
	Name of Targeted Student	Level School of Attend	Grade lance	
	Name of Targeted Student	Level School of Attend	Grade lance	
4.	ease provide as much of the following information as possible for each student whas engaging in the bullying behavior:			
	Name of Subject of Report	Grade I	Level School	
	Name of Subject of Report	Grade I	Level School	
	Name of Subject of Report	Grade I	Level	

School

of Attendance

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	Name of Subject of Report	Grade L	evel School
	Name of Subject of Report	Grade L	evel School
5.	List the names of others who witnessed or may have witnessed the	incident:	
6. the exc	Please describe the incident. (Include as much detail as possible anything that was said or done. If inappropriate language or gestunct language and describe the exact gesture used.)		-
7.	Is there any other information you believe is relevant for the investigating this incident?	district to kno	w when
	report should be accompanied by any applicable evidence that bully ss of notes, e-mails or photos. <u>If the bullying includes sexting, n</u> u	~	

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images of a minor, please do NOT copy, download or further distribute the images! Instead, show the evidence to the principal immediately so that appropriate action can be taken.

A copy of this form should be submitted to:

Title: Principal, Carol Laboube

Address: 3128 Hwy Y, New Haven MO 63068

E-mail: <u>claboube@fcr2.org</u> Fax: <u>(573) 237-4838</u>

You may also provide information over the phone: (573) 237-2414

Once received, this form will be forwarded to the appropriate staff member for further action.

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