

YOUR SCHOOL NAME HERE

SAMPLE

STUDENT BULLYING ACTION FORM

GENERAL INFORMATION

Last Name: First: Grade: Time of Incident:
Date of Incident: Date of Referral:
Reported by: Title of Reporter: Location of Infraction:

BULLYING REFERRAL ACTION

Bullying: Other Infraction: (Explain)

Description of Infraction:

[Large empty box for description of infraction]

ACTION(S) TAKEN BY TEACHER

**NOTE: PARENT MUST BE CONTACTED IN REGARD TO THIS INCIDENT BEFORE REFERRAL WILL BE PROCESSED.

Parent Notification by phone: Date(s)
Parent Notification by Letter: Date(s)
Previous Parental Notification(s) by Phone: Date/Time Date/Time Date/Time
Parental Notification on this Incident: Date/Time Phone# Name of Parent Contacted

Verbal Warning: Date(s)
Silent Lunch: Date(s)
Conference with Parents: Date(s)
Other Action(s):
Conference with Student: Date(s)
In-Class Displacement: Date(s)
After-School Detention: Date(s)

ADMINISTRATIVE ACTION

Consultation with Student in Office
Warning Issued for Offense
Parent Notification Method: Phone Phone #: Date: Time: Contact:
Code of Conduct (C.O.C.) Information Given: Yes No
Method: Verbal Written
Copy of Referral Letter
Student Delivery
1st Class
Certified Mail
In-School Suspension (ISS) No. of Days: Inclusive Dates:
Out-of-School Suspension (OSS) No. of Days: Inclusive Dates:
After-School Detention (ASD) No. of Days: Inclusive Dates:
Saturday School (SS) Date: NOTE: CC: Referral to SS Coordinator
Guidance Counselor Referral (GCR) Name of Counselor: NOTE: CC: Referral to Counselor
Campus Police Referral Officer #: NOTE: See C.O.C. for Requirements
Other Action (Explain):
Bullying Consequences, reprisals, retaliation, or false accusations actions explained

STUDENT SIGNATURE: DATE:
ADMINISTRATOR SIGNATURE: DATE:
PARENT SIGNATURE: DATE: