

# Caro Community Schools

## Bully Reporting By Adult

(not a school employee)

To be completed by complainant: (parent/guardian/relative, citizen) Date Submitted: \_\_\_\_\_

COMPLAINANT NAME: \_\_\_\_\_

Are you:  Victim  Witness  Guardian  Parent  Relative  Citizen

Instructions: Please provide the following information: (Name(s) of victims, Name(s) of offenders, Name(s) of witnesses

Yes  No Are there immediate safety needs? If yes, please explain: \_\_\_\_\_

Name(s) of Victim(s): \_\_\_\_\_ Position or Status \_\_\_\_\_

\_\_\_\_\_ Position or Status \_\_\_\_\_

\_\_\_\_\_ Position or Status \_\_\_\_\_

Name(s) of Offender(s): \_\_\_\_\_ Position or Status \_\_\_\_\_

\_\_\_\_\_ Position or Status \_\_\_\_\_

\_\_\_\_\_ Position or Status \_\_\_\_\_

Name(s) of Witness(s): \_\_\_\_\_ Position or Status \_\_\_\_\_

\_\_\_\_\_ Position or Status \_\_\_\_\_

\_\_\_\_\_ Position or Status \_\_\_\_\_

Location of Incident \_\_\_\_\_ Form of Bullying:  verbal  physical  emotional  electronic

Did you tell the person(s) to stop their behavior? YES NO

Did you make any attempt to resolve your concerns? YES NO

Please explain your account of the incident and WHY you think bullying has occurred:

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Suggested Follow up (check all that apply): Having made this report, I would like to...

try to solve the problem by myself.  have my parents/guardians called.  speak with a counselor

have the principal investigate.  meet with an administrator  meet with a teacher

I have these specific concerns:  Fear of retaliation  Physical injury  Damaged clothing

Damaged Property  Emotional Needs  Transportation Needs  Other

Adult Receiving the Report : \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Potential Remedies

(Factors: time between incidents, severity of incident, Special Education status, previous re-education effort)

- required behavior plan -warning -awareness class -detention -counseling -suspension -expulsion