SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Report of Suspected Bullying (E5145.4)

Directions: Complete this form to report alleged bullying. Please forward to the principal **immediately.** An investigation will be conducted to determine if bullying occurred and corrective actions needed**.**

Date of Alleged Incident(s):	**School:**
Name of Student Targeted:	**Grade:**
Name of Student Aggressor:	**Grade:**
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What happened? (chose all that apply)

☐ Direct physical aggression/fighting	☐ Excluding or rejecting the student
☐ Getting another person to hit or harm student	☐ Sexual name calling
☐ Teasing, name-calling, threatening	☐ Intimidating, exploiting or extorting
☐ Making rude or threatening gestures	☐ Spreading harmful rumors or gossip
☐ Using racial or religious slurs	☐ Other: _____

Where did the incident happen? (chose all that apply)

☐ Classroom	☐ Restroom	☐ Off school property
☐ Hallway	☐ Playground/field	☐ Email/text/computer
☐ Lunch room	☐ Field trip/activity/event	☐ Other: _____

When did the incident happen?

☐ During class time	☐ Recess	☐ Lunchtime
☐ Passing period	☐ Before/after school	☐ Other: _____

Please indicate if the incident involved aggression toward a student with these actual or perceived characteristics:

☐ Overweight	☐ Gay, lesbian, bisexual, transgender	☐ Special needs or disability	☐ Non-dominant race, color or national origin	☐ Other:

Please describe the incident in more detail? (Please attach a sheet if more space is needed)

Person Reporting Alleged Incident (may not be the person completing this form)

Name:	Phone:	Title:

Person Completing Form

Name:	Phone:	Title:
Signature:		Date Completed:

Page 2 to be completed by Administrator