



SHEPHERD OF THE HILLS CATHOLIC SCHOOL
W1562 County Road B - Eden, WI 53019
Phone: 920-477-3551

BULLYING AND BEHAVIOR CONCERN REPORTING FORM

Definition of Bullying: This is as an act which is: - repeated; aggressive; unwanted; unprovoked; deliberate and is intended to isolate, hurt or humiliate another individual." Examples of bully behavior include:

- Verbal bullying: name calling, threatening, teasing, using racist remarks or rumor spreading.
• Indirect bullying: social exclusion, hurtful gestures or writing hurtful comments
• Physical bullying: hitting, kicking, theft, pushing or any other use of violence or force
• Cyber bullying: harassment using technology such as e-mail, social media, cell phone or websites.

Definition of Behavior Concern: Uncooperative behavior that prevents other students from having positive learning experiences and/or a positive learning environment.

Directions: Please fill in or check (X) all applicable shaded boxes. Please be as specific as possible.

Name of person filing the report: [shaded box]

1. Check the type of incident that you are reporting:

[checkbox]

Bullying concern

[checkbox]

Behavior concern

[checkbox]

Unsure

2. Check whether you are the:

[checkbox]

Victim of the behavior

[checkbox]

Student

[checkbox]

Reporter (not the victim)

3. Check whether you are a:

[checkbox]

Staff Member

[checkbox]

Parent

[checkbox]

Other (Specify)

[shaded box]

4. If a staff member, state your position:

[shaded box]

5. If student, state your school grade:

[shaded box]

6. Information about the incident(s): Please be as specific as possible.

Name of Victim:

[shaded box]

Name of Aggressor:

[shaded box]

Date(s) of Incident(s)

[shaded box]

Time(s) of Incident(s)

[shaded box]

Location(s) of Incident(s)

[shaded box]

6. Was/were the teacher/s notified?

[checkbox]

Yes

[checkbox]

No

7. Witnesses (list people who saw the incident or have information about it):

Name:	<input type="text"/>	<input type="checkbox"/>	<b>Student</b>	<input type="checkbox"/>	<b>Staff</b>	<input type="checkbox"/>	<b>Other</b>	<input type="text"/>
Name:	<input type="text"/>	<input type="checkbox"/>	<b>Student</b>	<input type="checkbox"/>	<b>Staff</b>	<input type="checkbox"/>	<b>Other</b>	<input type="text"/>
Name:	<input type="text"/>	<input type="checkbox"/>	<b>Student</b>	<input type="checkbox"/>	<b>Staff</b>	<input type="checkbox"/>	<b>Other</b>	<input type="text"/>

8. Describe the details of the incident (including names of the people involved, what occurred, and what each person did and said – including specific words used).

9. Signature of person filing this report:

Date Completed:

10. Form given to:

Their Position:

On Date:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**ALL INFORMATION BELOW IS FOR ADMINISTRATIVE USE ONLY**

Signature of Person receiving this form: \_\_\_\_\_

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

## INVESTIGATION

1. Investigator(s): \_\_\_\_\_ Position(s): \_\_\_\_\_

### 2. Interviews:

Interviewed perpetrator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed victim Name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed witnesses Name: \_\_\_\_\_ Date: \_\_\_\_\_

3. Any prior documented incidents by the perpetrator?  Yes  No

If yes, have the incidents involved the victim previously?  Yes  No

Any previous incidents with findings of bullying, retaliation?  Yes  No

Summary of Investigation (please use additional paper and attach to this document as needed):

---

---

## CONCLUSION

### 1. Finding of bullying or retaliation:

Yes Bullying/Retaliation

No Incident documented as \_\_\_\_\_

### 2. Contacts:

Victim's parents/guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Perpetrator's parents/guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Law Enforcement Name: \_\_\_\_\_ Date: \_\_\_\_\_

Catholic Schools Office Name: \_\_\_\_\_ Date: \_\_\_\_\_

Other (specify) Name: \_\_\_\_\_ Date: \_\_\_\_\_

### 3. Action taken:

Loss of privileges  Suspension (in school/out of school)  Expulsion

Detention  Community Service  Referral  Education

Other (specify) \_\_\_\_\_

4. Follow up with victim scheduled for \_\_\_\_\_ Initial and date when completed \_\_\_\_\_

Follow up with perpetrator scheduled for \_\_\_\_\_ Initial and date when completed \_\_\_\_\_

Date report forwarded to principal: \_\_\_\_\_

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERVIEW INFORMATION FORM** Date: \_\_\_\_\_

PERPETRATOR

VICTIM

WITNESS

Person filing report: \_\_\_\_\_ Position: \_\_\_\_\_