

South Jefferson Central School Dignity For All Student's Act Bullying Referral

Name of person completing the form:	Contact Information	Relationship to the person being bullied
Victim's Name:	Sex	Grade
Name of person thought to be bullying:	Sex	Grade

Location of Incident	Incident date and time
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Description of incident:

List Witness names and grades:

List any evidence and attach if possible: (letters, text messages, pictures)

I agree that all information on this form is accurate and complete to the best of my knowledge

Signature (You may report anonymously)

Date

Signature of person receiving the referral

Date

Name of person investigating the referral: _____

Date: _____

Actions Taken: (attach any additional notes related to this investigation) _____

For office use:

Check all that apply:

_____ not bullying behavior (rude, unintentional, poor manners)

_____ determined to be mutual conflict

_____ Bullying behaviors were noted. Student was provided education on bullying and given a warning that any future incidents of this behavior would result in a consequence .

_____ Bullying behavior was noted. Similar concerns were previously addressed. The student was given the following consequence _____.

_____ Plan developed to ensure that all students in the referral feel comfortable in school
(Plan attached)

Number of victims of bullying behavior _____

_____ Please check if this is determined to be a Material Incident of Discrimination/Harassment

