

**BOARD OF EDUCATION**  
Sarah Kirby-Gonzalez, President  
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Norma Alcalá, Trustee  
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**SUPERINTENDENT**  
Linda C. Luna



**DISTRICT OFFICE**  
930 Westacre Road  
West Sacramento, CA 95691

TEL (916) 375-7600  
FAX (916) 375-7619

www.wusd.k12.ca.us

**Washington Unified School District**  
**Suspected Bullying Report – CONFIDENTIAL**

Complete this form if you have credible information regarding a bullying incident.  
Please forward to the site administrator *immediately*.

**Person reporting alleged incident:** OR  **Anonymous reporter**

Name/Title: \_\_\_\_\_

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

Date of Incident(s): \_\_\_\_\_ School: \_\_\_\_\_

Name of Student Targeted: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student Aggressor(s): \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

**Place an X next to the statement(s) that best describes what happened (choose all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Hitting                          | <input type="checkbox"/> Spreading Rumors             |
| <input type="checkbox"/> Shoving                          | <input type="checkbox"/> Internet Posting             |
| <input type="checkbox"/> Kicking                          | <input type="checkbox"/> Electronic Messaging         |
| <input type="checkbox"/> Name-Calling                     | <input type="checkbox"/> Slam Book                    |
| <input type="checkbox"/> Taking Property                  | <input type="checkbox"/> Exclusion                    |
| <input type="checkbox"/> Destroying Property              | <input type="checkbox"/> Social Cruelty (LIST): _____ |
| <input type="checkbox"/> Other Physical Act (LIST): _____ |   |

**Where did this incident take place?**

- |  |  |
|--|--|
| <input type="checkbox"/> Bus Stop                  | <input type="checkbox"/> Cafeteria                 |
| <input type="checkbox"/> Bus                       | <input type="checkbox"/> Classroom                 |
| <input type="checkbox"/> Playground/Athletic Field | <input type="checkbox"/> Locker Room               |
| <input type="checkbox"/> Other (LIST): _____       | <input type="checkbox"/> On the way to/from school |

**When did this incident take place?**

Date/time: \_\_\_\_\_

Date/time: \_\_\_\_\_

Date/time: \_\_\_\_\_

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**Briefly describe sequentially what occurred (use additional paper as needed):**

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**Person completing form, if not anonymous:**

**Name/Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

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**Suspected Bullying Report – CONFIDENTIAL**  
**This Page To Be Completed by Administrator**

**Administrator Conducting Suspected Bullying Investigation:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Parties interviewed:**  Aggressor  Target  Witnesses/Bystanders

**Summary of Investigation (use additional paper as needed):**

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**Investigation outcome: Did this situation meet the criteria as a suspected bullying incident:**

Yes  No **If bullying did not occur, process is complete at this time.**

**If bullying behavior occurred, develop a *Student Bully Intervention Plan* for the student who acted aggressively and for the targeted student.**

**Student Bully Intervention Plan completed for Aggressor**  Yes  No **Date:** \_\_\_\_\_

**Student Bully Intervention Plan completed for Target**  Yes  No **Date:** \_\_\_\_\_

**Contact the parent(s)/guardian(s) of the student(s) who are targeted and who did the bully behavior for this Incident:**

**Parent's/Guardian's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's/Guardian's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Immediate Action Taken (involving Aggressor and Target):**

<b>Aggressor:</b>	<b>Target:</b>
<input type="checkbox"/> Referred to Principal – Date: _____	<input type="checkbox"/> Referred to Principal – Date: _____
<input type="checkbox"/> Parents/guardians contacted– Date: _____	<input type="checkbox"/> Parents/guardians contacted – Date: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**Administrator/Designee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administrator: Please send copy of 1) Suspected Bullying Report form 2) Student Bully Intervention Plan to Director of Student and Family Support Services**

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## Washington Unified School District Student Bully Intervention Plan

Complete this form with either the aggressor or the target involved in the bullying incident.

Date of Incident(s): \_\_\_\_\_ School: \_\_\_\_\_

Name of Student: \_\_\_\_\_  Target  Aggressor

In order to be safe and keep others safe at school, you will:

1. \_\_\_\_\_
2. \_\_\_\_\_

In order to support your safety or the safety of others, the school will:

1. \_\_\_\_\_
2. \_\_\_\_\_

To support your safety and the safety of others, your family will:

1. \_\_\_\_\_
2. \_\_\_\_\_

If you feel you need more support, the school can recommend additional resources such as:

1. \_\_\_\_\_
2. \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please indicate the staff person who will follow up with the student to see if the plan is working and if the student feels safe at school.**

Name: \_\_\_\_\_ Date of follow-up: \_\_\_\_\_