

BOARD OF EDUCATION
Sarah Kirby-Gonzalez, President, Area 5
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Coby Pizzotti, Trustee, Area 3

SUPERINTENDENT
Cheryl P. Hildreth, Ed.D.



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): |

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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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):

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):

Aggressor:

Target:

Referred to Principal- **Date:** _____ Referred to Principal - **Date:** _____

Parents/guardians contacted- **Date:** _____ Parents/guardians contacted- **Date:** _____

Other: _____ 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: _____