

RIO DEL MAR ELEMENTARY BULLYING REFERRAL FORM

Name of person completing form (optional for students) Date of Incident: _____

_____ Date report completed: _____

Name(s) of victims(s)/target: _____

Name(s) of aggressor(s): _____

How did you become aware of this situation?

Informed by the victim(s)/targets Informed by student(s) not directly involved in this event Witness

Other _____

When did these events occur? Date _____ Time _____

Where did these events occur? _____

Number of incidents/events of which you are aware _____

Did you witness this more than once, when? Dates _____ Times _____

Where did this event occur? _____

Briefly describe what occurred and indicate which of the following apply

Verbal Physical Racial Sexual Other (please describe below)

Name (optional) _____ Date _____