

**BOARD OF COOPERATIVE EDUCATIONAL SERVICES
SOLE SUPERVISORY DISTRICT
FRANKLIN-ESSEX-HAMILTON COUNTIES**

Bullying Referral Form

Date: _____

Reporting Person: _____

Name(s) of Victim(s)	Name(s) of Student(s) Bullying	Name(s) of Witnesses/Bystanders

Type of Bullying (circle all that apply):

- | | | | |
|------------------------|-----------------|----------------------|---------------------------|
| Called Mean Names | Excluded | Hit, Kicked, Punched | Told Lies or False Rumors |
| Threatened | Racial Comments | Sexual Comments | Took/Damaged Possessions |
| Other (explain): _____ | | | |

Where did the bullying happen? (circle all that apply):

- | | | | |
|----------|--------------|-----------------------|--------------------------|
| Field | Hallway | In Class with Teacher | In Class without Teacher |
| Bathroom | Line-up Area | Lunchroom | To/From School |
| Bus Stop | Bus | Other: _____ | |

People the Victim has Spoken to About the Bullying Incident (circle all that apply):

- | | | | | |
|--------------|-----------------------|-----------------|---------|--------|
| Teacher | Other Adult at School | Parent/Guardian | Sibling | Friend |
| Other: _____ | | | | |

Explain what you witnessed: _____

* * * * * *For Office Use Only* * * * * *

Repeat Bullying Offender ____ Yes ____ No, Step _____ Parent Contact? ____ Yes ____ No

Referral? ____ Yes ____ No