

# Grand Forks Public Schools

## Student Bullying Form

Bullying is defined as conduct prescribed in policy NDCC 15.1-19-17 as follows:

“Bullying” means:

Conduct that occurs OR conduct that is received by a student in a public school, on school district premises, in a district owned or leased school bus or school vehicle, or at any public school or school district sanctioned or sponsored activity or event and which:

- Is so severe, pervasive (happens over and over again), or objectively offensive that it substantially interferes with the student’s educational opportunities;
- Places the student in actual and reasonable fear of harm;
- Places the student in actual and reasonable fear of damage to property of the student; or
- Substantially disrupts the orderly operation of the public school.

***Olweus definition of bullying;***

***“Bullying is when someone repeatedly and on purpose says or does mean or hurtful things to another person who has a hard time defending himself or herself.”***

“Conduct” includes the use of technology or other electronic media.

1. Person completing report (first and last name):	2. Are you the student being bullied
	<input type="checkbox"/> Yes <input type="checkbox"/> No  Your School: Your Grade/Team: Your Teacher/Advisory Teacher:
3. Who are you reporting that did the bullying to you?	
4. Who was being harmed? If unsure, describe him/her.	
5. Describe what happened/what is happening.	
6. When did the bullying happen?	Date:
<input type="checkbox"/> Before school <input type="checkbox"/> During school <input type="checkbox"/> After school <input type="checkbox"/> Unsure	

(over)

7. Where did the bullying happen?	
<input type="checkbox"/> School building (specific room: _____) <input type="checkbox"/> School event <input type="checkbox"/> School playground <input type="checkbox"/> School parking lot	<input type="checkbox"/> School bus <input type="checkbox"/> Unsure <input type="checkbox"/> Online/technology (explain): <input type="checkbox"/> Other (explain):
8. Have you told anyone about the bullying?	
<input type="checkbox"/> Parent <input type="checkbox"/> Teacher <input type="checkbox"/> Other school staff	<input type="checkbox"/> Brother/sister <input type="checkbox"/> Other family member <input type="checkbox"/> Babysitter
9. Did anyone else witness the bullying? If so, please list names.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure List names:	
10. Were you or others physically hurt? If so, please explain.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Explain:	
11. Was there damage to anyone's personal property? If so, please explain.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure Explain:	
12. Have you or the student being bullied missed any school or made any changes to your daily routine as a result of the incident(s) (e.g., attendance pattern changes, grades dropped, avoids certain locations in school)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
13. In your view, was the incident motivated by any of the following traits (actual or perceived)?	
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sexual harassment (includes sexual orientation)	<input type="checkbox"/> Disability (physical or intellectual) <input type="checkbox"/> National origin <input type="checkbox"/> Unsure <input type="checkbox"/> NA <input type="checkbox"/> Other (explain):
14. Was the incident an act of retaliation against an individual who filed a previous bullying report and/or participated in an investigation?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
15. Have you reported the incident to law enforcement?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Have you previously filed a bullying report (information used to determine if retaliation is occurring)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Have you previously communicated concerns regarding this behavior? To Whom? When?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	