



411 SOUTH 5TH AVENUE, VIRGINIA, MN 55792 | (V) 218.749.5437 OR (EG) 218.744.2211 |

FAX: 218.741.8522 | WWW.RRPS.ORG

ROCK RIDGE BULLYING INCIDENT REPORT FORM

ISD 2909 recognizes bullying as the following: a repetitive intimidating, threatening, abusive, or harmful behavior that occurs between individuals having an actual/perceived imbalance of power, which interferes with education.

Name/grade of person being bullied or harassed: _____

Name(s)/grade(s) of alleged person/people doing the bullying: _____

Date of Incident: _____ Date of this report: _____

Where did the incident happen? Put an X by all that apply:

classroom restroom bus cafeteria

gym locker room hallway

online (Zoom, SnapChat, Instagram, email, or text?)

outside on school grounds (where): _____

school sponsored activity/out of school

Choose the statement(s) that best describes what happened. Put an X by all that apply:

teasing/name calling physical (hitting, pinching, tripping, pushing)

threatening stalking stealing

social exclusion intimidation public humiliation

cyber/online bullying other: _____

Describe in detail exactly what happened:

Who did you report this incident to before this (if anyone)? _____

Is this the first time you have been bullied/harassed by this/these individuals? Y N
If not, explain:



411 SOUTH 5TH AVENUE, VIRGINIA, MN 55792 | (V) 218.749.5437 OR (EG) 218.744.2211 |

FAX: 218.741.8522 | WWW.RRPS.ORG

I AGREE THAT ALL THE INFORMATION ON THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE:

Signature of victim/witness: _____ Date: _____

Signature of staff member (if staff is reporting): _____ Date: _____

PLEASE NOTE:

A REPORT MAY BE FILED ANONYMOUSLY; HOWEVER, THE SCHOOL DISTRICT MAY NOT RELY SOLELY ON AN ANONYMOUS REPORT TO DETERMINE REMEDIATION OR DISCIPLINARY RESPONSES.

PLEASE TURN COMPLETED FORM TO THE SCHOOL OFFICE

TO BE COMPLETED BY THE SCHOOL:

Date investigated: _____ By whom: _____

Parent/Guardian of alleged bully notified: Y N

Summary of conversation:

Bullying verified: Y N

Administrator Taking/Processing Report: _____