



1405 PROGRESS PARKWAY, VIRGINIA, MN 55792 | (218) 735-3500 | 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 of Person being Bullied:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name(s) of Alleged Person/People doing the bullying:**

Name _____	Grade: _____
Name _____	Grade: _____
Name _____	Grade: _____
Name _____	Grade: _____

**Date of Specific Incident:** \_\_\_\_\_ **Date of this Report:** \_\_\_\_\_

**Where did the incident happen? Put an X by the specific incident for this report.**

☐ classroom      ☐ restroom      ☐ bus      ☐ cafeteria      ☐ gym  
☐ locker room      ☐ hallway      ☐ online (Zoom, social media, email, or text?)  
☐ outside on school grounds (where): \_\_\_\_\_  
☐ school sponsored activity/out of school (where): \_\_\_\_\_

**Choose the statement(s) that best describes what happened.**

*Put an X by the specific incident for this report.*

☐ teasing/name calling      ☐ physical (hitting, pinching, tripping, pushing)  
☐ threatening      ☐ stalking      ☐ stealing      ☐ intimidation  
☐ social exclusion      ☐ public humiliation      ☐ cyber/online bullying  
☐ other: \_\_\_\_\_

**Have you reported an incident with this individual before?** ☐ Yes ☐ No

**Who did you report this incident to before this (if anyone)?** \_\_\_\_\_



1405 PROGRESS PARKWAY, VIRGINIA, MN 55792 | (218) 735-3500 | WWW.RRPS.ORG

Describe in Detail **exactly** what happened:

---

---

---

---

---

---

---

*Attach another paper, if required.*

***I AGREE THAT ALL THE INFORMATION ON THIS FORM IS ACCURATE AND TRUE:***

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: \_\_\_\_Yes \_\_\_\_ No

Summary of Conversation:

Bullying Verified: \_\_\_\_Yes \_\_\_\_No

Administrator Taking/Processing Report: \_\_\_\_\_