**YOUR SCHOOL NAME HERE SAMPLE**

STUDENT BULLYING ACTION FORM

**GENERAL INFORMATION**

Last Name:First:Grade: Time of

 Incident:

Date of Incident:Date of Referral:

Reported by:Title of Location of

 Reporter: Infraction:

**BULLYING REFERRAL ACTION**

**□** Bullying: **□** Other Infraction: (Explain)

**Description of Infraction:**

**ACTION(S) TAKEN BY TEACHER**

*\*\*NOTE: PARENT MUST BE CONTACTED IN REGARD TO THIS INCIDENT BEFORE REFERRAL WILL BE PROCESSED.*

**□** Parent Notification by phone: Date(s)  **□** Parent Notification by Letter: Date(s)

**□** Previous ParentalDate/TimeDate/TimeDate/Time **□** Parental Date/Time Phone# Name of Parent Notification(s) by Notification on Contacted Phone this Incident

**□** Verbal Warning: Date(s)  **□** Conference with Student: Date(s):

**□** Silent Lunch: Date(s)  **□** In-Class Displacement: Date(s):

**□** Conference with Parents: Date(s)  **□** After-School Detention: Date(s):

**□** Other Action(s):

**ADMINISTRATIVE ACTION**

**□** Consultation with Student in Office Code of Conduct (C.O.C.) Information Given: **□** Yes **□** No

**□** Warning Issued for Offense Method: □ Verbal □ Written

□ Parent Notification Method □ Phone Phone #: □ Copy of Referral □ Letter Date: Time: □ Student Delivery

 Contact: □ 1st Class

 □ Certified Mail

□ In-School Suspension **(ISS)** No. of Days: Inclusive Dates:

□ Out-of-School Suspension **(OSS)** No. of Days: Inclusive Dates:

□ After-School Detention **(ASD)** No. of Days: Inclusive Dates:

□ Saturday School **(SS)** Date: NOTE: CC: Referral to SS Coordinator

□ Guidance Counselor Referral **(GCR)** Name of Counselor: NOTE: CC: Referral to Counselor

□ Campus Police Referral Officer #: NOTE: See C.O.C. for Requirements

□ Other Action (Explain):

□ Bullying Consequences, reprisals, retaliation, or false accusations actions explained

STUDENT SIGNATURE: DATE:

ADMINISTRATOR SIGNATURE: DATE:

PARENT SIGNATURE: DATE: