



# RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street

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Spring Green, Wisconsin 53588

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Phone: 608-588-2551

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411.1 Exhibit 3

411.2 Exhibit 3

## Student Bullying Report Form

Use to report:

- a. Ongoing hitting/kicking/shoving/other physical aggression
- b. Ongoing teasing, name-calling
- c. Ongoing exclusion (spreading rumors, preventing someone from participating in an activity or group)
- d. Ongoing cyber bullying (through email, text messages, or social networking sites such as Facebook)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Student(s) Engaging in Behavior (Names):

\_\_\_\_\_

Student Target(s) of Behavior:

\_\_\_\_\_

Your Name (Optional): \_\_\_\_\_

Witnessed by Me (Yes/No):

Witnessed by Others? Who? \_\_\_\_\_

Description of Events: (Please be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long has this been happening? \_\_\_\_\_

What steps have you taken to try to make the bullying stop?

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Thank you for reporting this information. We will be following up on this shortly. You may be called into the office if we feel that we need additional information or clarification. We will not be disclosing your name as a reporter.

***Please email this form to the School Counselor or ask a staff member to put this in the counselor's mailbox.***

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OFFICE FOLLOW UP

Confirmed: Yes No Inconclusive

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: