

Oakland Unified School District – Bullying Incident Report Form

For Completion By Students, Parent(s) or Guardian(s) and Staff

Directions: If you believe you have been bullied or witnessed bullying, and/or someone has reported to you that they are being bullied, please fill out the form below. If you need more space, please attach additional pages. Submit completed form to the main office of your school or to Chen Kong-Wick, at 746 Grand Avenue, Oakland, CA 94610 or email: chen.kong-wick@ousd.k12.ca.us.

Bullying is defined in Education Code 48900(r) as physical or verbal act(s) that is **severe or pervasive** AND causes one of the following effects on a reasonable student: (1) reasonable fear of harm to person or property; (2) a substantially detrimental effect on physical or mental health; or (3) Substantial interference with academic performance or the ability to participate in school activities.

Today's Date: ____/____/____
Month Day Year

School: _____

Filed with * are required

PERSON REPORTING INCIDENT: *Name: _____

*Reporting Person is (place an ☒ in the appropriate box): ☐ Student ☐ Student (witness/bystander) ☐ Parent/guardian
☐ School staff member ☐ other _____

*Telephone: () _____ - _____ *Email: _____

Signature of person filing this report: _____ date: _____

Form Given to: _____ Title: _____ date: _____

Incident Information: *Describe what happened/what is happening? _____

When did it happen? ☐ Before school ☐ During school ☐ After school or ☐ Unsure

*On what date(s) did the incident happen? Date: _____ Time: _____ ☐ a.m. / ☐ p.m.

Where did it happen? _____

*How long has this incident been going on? _____

Did anybody else witness this incident? If so, who? _____

Have you told anyone about the incident? ☐ Yes ☐ No If yes, whom? _____

----- **For Office Use Only** -----

Name of person receiving form	Date received	Time received
	School Site No. – Referral No. : _____ - _____	