



Sauk Rapids-Rice District Office

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BULLYING PROHIBITION REPORT FORM

General Statement of Policy Prohibiting Bullying

SAUK RAPIDS-RICE maintains a firm policy prohibiting bullying conduct that interferes with a student’s ability to learn and/or a teacher’s ability to educate students. Bullying or cyberbullying by a student against another student is strictly prohibited and will not be tolerated.

Reporter: _____

Home address: _____

Work address: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of alleged incident(s) _____

Name of student(s) to whom bullying was directed _____

Name of student(s) who engaged in bullying _____

Where did the alleged incident(s) occur? _____

List any witnesses that were present _____

Describe what happened as clearly as possible, including details such as what was said and who made the statements, whether anyone made a threat or demand for something and what threat or demand was made, whether physical contact happened (i.e.: hitting, punching, throwing an item, etc.), whether anyone was injured or property was damaged, the ages or grades of the students, if known, etc. (Attach additional pages if necessary)

Aaron Sinclair
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Circle each that apply if the bullying was directed at another student due to the student's actual or perceived: race \ ethnicity \ color \ creed \ religion \ national origin \ immigration status \ sex \ marital status \ familial status \ socioeconomic status \ physical appearance \ sexual orientation \ gender identity and expression \ academic status related to student performance \ disability \ status with regard to public assistance \ age.

Was the bullying conduct in retaliation for a student's conduct and if yes, please describe?

Did the bullying occur through an electronic communication (i.e.: Facebook, Twitter, email, etc.) and if so, identify the form of communication? (If available, attach a copy of the communication.)

This complaint is filed based on my honest belief that _____ has bullied me or another person. I certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

Complainant Signature

Dated: _____

Complaint Received By

Dated: _____

