



### Bullying Referral Form – Oakridge Middle School

If you or someone you know has been bullied, fill out this form and turn it in to your school counselor or the front office. All efforts will be made to maintain confidentiality. An investigation will begin within 24 (school day) hours upon receipt of this form.

Date of Referral: \_\_\_/\_\_\_/\_\_\_

Reporting Person: \_\_\_\_\_

Name of targeted student(s): \_\_\_\_\_ Grade: \_\_\_\_\_

Name of student(s) participating in bullying: \_\_\_\_\_

On what date did the incident happen? \_\_\_/\_\_\_/\_\_\_

#### Where did the incident(s) take place? (Check all that apply)

- Bathroom                       Classroom                       Hallway                       Bus  
 Cafeteria                       Off school property                       School sponsored event

Other: \_\_\_\_\_

#### Type of Bullying: (Check all that apply)

- Called mean names                       Electronic communications                       Hit, kicked, punched  
 Racial comments                       Sexual comments                       Threatened  
 Spreading harmful rumors                       Excluding or rejecting student                       Took/Damaged possessions

Other: \_\_\_\_\_

#### Description of the incident (give all details):

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

#### Have you reported this incident to anyone yet? If so, to whom? (teacher, parent, etc.)

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

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

Repeat Bullying Offender? Yes No  
Referral? Yes No

Date Student/Parent Contact: \_\_\_/\_\_\_/\_\_\_  
Entered in PowerSchool? Yes No