



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

Other: _____

Type of Bullying: (Check all that apply)

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