INDEPENDENT SCHOOL DISTRICT 4152
1031 Como Avenue
St. Paul, MN  55103

BULLYING OF A STUDENT REPORT FORM

Please submit written or verbal reports of acts of bullying to a member of the TCGIS administration. If the issue concerns the TCGIS administration, you may submit your report to the School Board Chair.

General Statement of Policy Prohibiting Bullying
An act of bullying, by either an individual student or a group of students, is expressly prohibited on school district property or at school-related functions. This policy applies not only to students who directly engage in an act of bullying, but also to students who, by their indirect behavior, condone or support another student’s act of bullying. This policy also applies to any student whose conduct at any time or in any place constitutes bullying that interferes with or obstructs the mission or operations of the school district or the safety or welfare of the student, other students, or employees.

The misuse of technology including, but not limited to, teasing, intimidating, defaming, threatening, or terrorizing another student, teacher, administrator, volunteer, contractor, or other employee of the school district by sending or posting email messages, instant messages, text messages, digital pictures or images, or website postings, including blogs, also may constitute an act of bullying regardless of whether such acts are committed on or off school district property and/or with or without the use of school district resources.

Complainant:___________________________________________________________________
Home Address:_________________________________________________________________
Work Address:_________________________________________________________________
Home Phone:___________________________ Work Phone:____________________________

Date of Alleged Incident(s):_______________________________________________________

Name(s) of person(s) you believe bullied you or another student:
__________________________________________________________________________

If the incident of bullying was toward another person, identify that person:

__________________________________________________________________________

Continued on reverse
Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages if necessary):

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Where and when did the incident(s) occur:_________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

List any witnesses that were present: _____________________________________________
_____________________________________________________________________________

This complaint is filed based on my honest belief that ___________________________ has bullied a student at TCGIS. I hereby 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)              (Date)

Received by: _________________________  ______________________________________