



Bullying Report Form

Administrative Procedure: 578.1

Date Adopted: 6/20/2007

Dates Reviewed: 5/13/2008, 6/11/2012, 7/22/14, 6/8/2015, 6/13/2016,
5/8/2017, 5/29/2018

Section: 500 STUDENTS

Date Revised: 7/22/2014

I. GENERAL STATEMENT

An act of bullying, by either an individual student or a group of students, is expressly prohibited on school premises, on school district property, at school functions or activities, or on school transportation. 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 or other prohibited conduct that interferes with or obstructs the mission or operations of the school district or the safety or welfare of the student or other students, or materially and substantially interferes with a student's educational opportunities or performance or ability to participate in school functions or activities or receive school benefits, services or privileges. This policy also applies to an act of cyberbullying regardless of whether such act is 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): _____

Circle as appropriate the type of bullying or other prohibited conduct:

Written

Verbal

Electronic

Physical

Name of person you believe bullied you or another person: _____



MOORHEAD
AREA PUBLIC SCHOOLS

Independent School District 152

Probstfield Center for Education

2410 14th St. S., Moorhead, MN 56560 ■ Fax: 218-284-3333

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■ Superintendent: 218-284-3330

■ Assistant Superintendent for Learning and Accountability: 218-284-3310

■ Human Resources and Operations: 218-284-3350

If the alleged bullying or other prohibited conduct was toward another person, identify that person:

Describe the incident(s) as clearly as possible, including what force, if any, was used, whether any verbal or written statements were made (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 who were present: _____

This complaint is filed based on my honest belief that _____
has been a victim of bullying or other prohibited conduct. 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 _____

(Date)