



Windom Area Schools

District Office
PO Box 177
Windom, MN 56101

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Fax: 507-831-6919
Website: www.windom.k12.mn.us

Windom Area Middle/High School
Winfair Elementary

Phone: 507-831-6910 Fax: 507-831-6909
Phone: 507-831-6925 Fax: 507-831-6932

BULLYING REPORT FORM

General Statement of Policy Prohibiting Bullying

Windom School District 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: _____

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)

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

Date

Complaint Received By

Date