

# Cedar Mountain High School

Bullying is a serious issue and will not be tolerated. Use this form to report bullying that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; on the way to and/or from school; on social media or through text message, during the current school year. If you are a student or a friend of student who is getting bullied and wish to report an incident of bullying, complete this form and return it to a teacher or the office.

## Statement of Policy Prohibiting Bullying (MSBA/MASA Model Policy 514)

A. 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.

B. No teacher, administrator, volunteer, contractor, or other employee of the school district shall permit, condone, or tolerate bullying.

C. Apparent permission or consent by a student being bullied does not lessen or negate the prohibitions contained in this policy.

D. Retaliation against a victim, good faith reporter, or a witness of bullying is prohibited.

E. False accusations or reports of bullying against another student are prohibited.

F. A person who engages in an act of bullying, reprisal, retaliation, or false reporting of bullying or permits, condones, or tolerates bullying shall be subject to discipline or other remedial responses for that act in accordance with the school district's policies and procedures, including the school district's discipline policy (See MSBA/MASA Model Policy 506). The school district may take into account the following factors:

1. The developmental ages and maturity levels of the parties involved;
2. The levels of harm, surrounding circumstances, and nature of the behavior;
3. Past incidences or past or continuing patterns of behavior;
4. The relationship between the parties involved; and
5. The context in which the alleged incidents occurred.

Consequences for students who commit prohibited acts of bullying may range from remedial responses or positive behavioral interventions up to and including suspension and/or expulsion. The school district shall employ research-based developmentally appropriate best practices that include preventative and remedial measures and effective discipline for deterring violations of this policy, apply throughout the school district, and foster student, parent, and community participation.

Consequences for employees who permit, condone, or tolerate bullying or engage in an act of reprisal or intentional false reporting of bullying may result in disciplinary action up to and including termination or discharge.

Consequences for other individuals engaging in prohibited acts of bullying may include, but not be limited to, exclusion from school district property and events.

G. The school district will act to investigate all complaints of bullying reported to the school district and will discipline or take appropriate action against any student, teacher, administrator, volunteer, contractor, or other employee of the school district who is found to have violated this policy.

For purposes of this policy, the definitions included in this section apply.

A. "Bullying" means intimidating, threatening, abusive, or harming conduct that is objectively offensive and:

1. an actual or perceived imbalance of power exists between the student engaging in the prohibited conduct and the target of the prohibited conduct, and the conduct is repeated or forms a pattern; or
2. 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.

**Reporter Contact Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I am (choose one):

Student                      Parent/Guardian                      Staff Member                      Other

Phone number (optional): \_\_\_\_\_

Email address (optional): \_\_\_\_\_

**Incident Information**

Student Who Was Harmed: \_\_\_\_\_ Grade: \_\_\_\_\_

Student(s) Who Did Harm: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_

Location: \_\_\_\_\_

**Nature of Bullying Being Reported** (check all that apply):

<b>Physical</b> Acts such as hitting, spitting, kicking, or damaging your or another student's possessions	<b>Verbal</b> Saying mean or hurtful things or threatening you or another student	<b>Social</b> Excluding a you or a student from a group, telling peers not to talk to you or another student
<b>Emotional</b> Spreading mean rumors or lies about someone	<b>Cyber/Online</b> Occurs on website or social media, by cell phone, email or text message	<b>Other:</b> (Please describe)

**Did the bullying include mean comments about you or other students?**

- Physical Appearance
- Gender or Gender Expression
- Academic Performance
- Religious or Cultural Beliefs
- Race/Ethnicity or Perceived Race/Ethnicity
- Sexual Orientation or Perceived Sexual Orientation

**Please give any other details about the incident that you feel are important. Attach additional pages if necessary (Please include your name and date on each page).**

**Did you witness the event?**

Yes

No

**Name(s) of Witness (including adults, if any):**

I am submitting this form based on my belief that \_\_\_\_\_ bullied me or another person. I am reporting this because I am concerned and I want the situation to be better in the future.

Signature: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

(Staff need to contact parents of the victim and the bully to let them know about the incident and the description of the incident needs to be sent to the parents of all parties involved.)