

# Oakland Unified School District – Bullying Incident Report Form

For Completion By Students, Parent(s) or Guardian(s) and Staff

**Directions:** If you believe you have been bullied or witnessed bullying, and/or someone has reported to you that they are being bullied, please fill out the form below. If you need more space, please attach additional pages. Submit completed form to the main office of your school or to Chen Kong-Wick, at 746 Grand Avenue, Oakland, CA 94610 or email: [chen.kong-wick@ousd.k12.ca.us](mailto:chen.kong-wick@ousd.k12.ca.us).

**Bullying is defined in Education Code 48900(r)** as physical or verbal act(s) that is **severe or pervasive** AND causes one of the following effects on a reasonable student: (1) reasonable fear of harm to person or property; (2) a substantially detrimental effect on physical or mental health; or (3) Substantial interference with academic performance or the ability to participate in school activities.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

School: \_\_\_\_\_

Filed with \* are required

**PERSON REPORTING INCIDENT:** \*Name: \_\_\_\_\_

\*Reporting Person is (place an  in the appropriate box):  Student  Student (witness/bystander)  Parent/guardian  
 School staff member  other \_\_\_\_\_

\*Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ \*Email: \_\_\_\_\_

Signature of person filing this report: \_\_\_\_\_ date: \_\_\_\_\_

Form Given to: \_\_\_\_\_ Title: \_\_\_\_\_ date: \_\_\_\_\_

**Incident Information:** \*Describe what happened/what is happening? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did it happen?  Before school  During school  After school or  Unsure

\*On what date(s) did the incident happen? Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m. /  p.m.

Where did it happen? \_\_\_\_\_

\*How long has this incident been going on? \_\_\_\_\_

Did anybody else witness this incident? If so, who? \_\_\_\_\_

Have you told anyone about the incident?  Yes  No If yes, whom? \_\_\_\_\_

----- **For Office Use Only** -----

Name of person receiving form	Date received	Time received
	School Site No. – Referral No. : _____ - _____	