Oxford Public Schools
Report of Bullying Form/Investigation Summary

School __________________________ Date __________________

Location(s) __________________________________________

Reporter Information:

Anonymous student report ______
Staff Member report ______ Name __________________________
Parent/guardian report ______ Name _________________________
Student report ______ Name _______________________________

Student Reported as Committing Act: __________________________
Grade Level of Student Reported as Committing Act: __________________________

Student Reported as Victim: __________________________
Grade Level of Student Reported as Victim: __________________________

Description of Alleged Act(s): ______________________________________________________

_________________________________________________________________________

Time and Place: _________________________________________________________________

Names of Potential Witnesses: ____________________________________________________

_________________________________________________________________________

For Staff Use Only:

Action of Reporter: _____________________________________________________________

Administrative Investigation Notes (use separate sheet if necessary):

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Bullying Verified? Yes _____ No _____

Remedial Action(s) Taken: _______________________________________________________

_________________________________________________________________________

_________________________________________________________________________
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(continued)

If Bullying Verified, Report Sent to Parents of Students?

Parents’ Names: ________________________________  Date Sent: ____________
Parents’ Names: ________________________________  Date Sent: ____________
Parents’ Names: ________________________________  Date Sent: ____________
Parents’ Names: ________________________________  Date Sent: ____________

(Attach bullying complaint, witness statements, and notification to parents of students involved if bullying is verified)