



# DUBLIN UNIFIED SCHOOL DISTRICT

## REPORT OF CONCERN

Per DUSD Board Policy: *No student or group of students shall, through physical, written, verbal, or other means, harass, sexually harass, threaten, intimidate, cyberbully, cause bodily injury to, or commit hate violence against any other student or school personnel.*

Instructions: Please complete as much of the following information as accurately as possible.

<b>Check School:</b> <input type="checkbox"/> Dublin High School <input type="checkbox"/> Valley High School <input type="checkbox"/> Fallon Middle School <input type="checkbox"/> Wells Middle School <input type="checkbox"/> Dougherty <input type="checkbox"/> Dublin El <input type="checkbox"/> Frederiksen <input type="checkbox"/> Green <input type="checkbox"/> Kolb <input type="checkbox"/> Murray	
If Elementary Level Grade Level: _____ Teacher Name: _____	
Describe what happened/what is happening:  	
When did it happen? <input type="checkbox"/> Before School <input type="checkbox"/> During School <input type="checkbox"/> After School <input type="checkbox"/> Unsure	Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm
<b>Where did it happen?</b> <input type="checkbox"/> In the classroom <input type="checkbox"/> Online <input type="checkbox"/> Other _____ <input type="checkbox"/> On the school playground	
Who was committing the bullying? (If you don't know the name(s) describe him/her)  	
Who was the victim of the bullying? (If you don't know the name(s) describe him/her)  	



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Did anyone else witness the bullying? (If yes, please list)

Yes \_\_\_\_\_

No

Were you or others physically hurt? Please explain.

Yes \_\_\_\_\_

No \_\_\_\_\_

Was there damage to anyone's personal property? Please explain.

Yes \_\_\_\_\_

No \_\_\_\_\_

Have you told anyone about the bullying?

Parent/Guardian     Babysitter     Teacher     Other school staff: \_\_\_\_\_

Brother/Sister     Other: \_\_\_\_\_

Your name: \_\_\_\_\_

How can we contact you?

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Other: \_\_\_\_\_

**Please print this form and return it to any school staff member or the main office.**