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: _________________
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Parents’ Names: ___________________________  Date Sent: _________________
Parents’ Names: ___________________________  Date Sent: _________________

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