



LaVille Elementary  
12645 Tyler Road  
LakeVille, IN 46536

Phone: 574-784-2311  
Fax: 574-784-8051  
unionnorth.org

Bullying as defined by IC 20-33-8-0.2 means overt, unwanted, repeated acts or gestures, including verbal or written communications or images transmitted in any manner (including digitally or electronically), physical acts committed, aggression, or any other behaviors that are committed by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the targeted student and create for the targeted student an objectively hostile student environment.

# Bullying Complaint Form

Name of person completing report: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name if Target(s): \_\_\_\_\_

Name of Alleged Bully(ies): \_\_\_\_\_

When and where did this occur: \_\_\_\_\_

<u>Physical</u>	
Pushing	Shoving
Hitting	Punching
Pinching	Tripping
Scratching	Spitting
Hiding or taking items	
Damaging or stealing items	
Other: _____	

<u>Verbal</u>
Name Calling
Making offensive remarks
Threatening someone
Repeated teasing
Intimidating someone
Other: _____

<u>Social/Relational</u>
Spreading rumors
Making fun of someone repeatedly
Repeated purposeful ignoring
Other: _____

<u>Electronic/Written Communication:</u>
Offensive or hurtful text messages
Messages involving threats
Group note writing
Other: _____

Please describe the incident in as many details as possible below:

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

Did anyone see this behavior?	No	Yes	Who? _____
Are you friends with this person?	No	Yes	
Have you told them no or to stop?	No	Yes	
Are you scared of them/ is there a power imbalance?	No	Yes	
Have you told an adult in the school building?	No	Yes	Who: _____
Has this happened on more than one occasion?	No	Yes	
Is there any evidence of bullying? (notes, pictures, texts, etc.)	No	Yes	

Did a physical injury result from this incident? No Yes, but did not require medical attention

Student saw the nurse Time: \_\_\_\_\_

Yes, required medical attention: \_\_\_\_\_

Is there any other information you would like to provide to help our investigation:  
\_\_\_\_\_  
\_\_\_\_\_

Note: The school district is not authorized to disclose to a target, private education; or personnel data regarding an alleged perpetrator who is a student or employee of the school district. School officials will notify the parent(s) or guardian(s) of all students involved in a bullying incident and the remedial action taken, to the extent permitted by law, based on a confirmed report.

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