

Richmond School District Policy Statement
Student Bullying and Harassment

Policy #411.1
Administrative Procedures

The Richmond School District expects and will encourage employees, students and parent(s)/guardian(s) who observe or become aware of an act of harassment and/or bullying by students to report it to a school principal or District Administrator for further investigation.

The Richmond School District requires staff members who observe or become aware of harassment and/or bullying to take immediate, appropriate steps to intervene. If a staff member's safety is a concern, additional assistance should be sought immediately by contacting a principal or District Administrator. If a staff member believes that his/her intervention has not resolved the matter, or if the harassment and/or bullying persists, he/she shall report the harassment and/or bullying to a principal or District Administrator for further investigation.

Upon learning about a harassment and/or bullying incident, a principal or District Administrator shall conduct an investigation. This investigation may include interviews with students, parents, and school staff, review of school records, and identification of parent and family issues. Law enforcement officials may assist in the investigation.

Consequences for students who harass and/or bully others or retaliate against another student for reporting these behaviors shall depend on the results of the investigation and may include: counseling, a parent conference, and detention, suspension or expulsion, or law enforcement/social service referrals. Students who are found to have retaliated will be subject to more serious consequences. Depending on the severity of the incident, a principal or District Administrator will also take appropriate steps to ensure student safety. These may include implementing a safety plan, separating and supervising students involved, providing staff support for students as necessary, reporting incidents to law enforcement as appropriate, and developing a supervision plan with the parent(s)/guardian(s).

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Report of Bullying or Harassment

(Any person with knowledge or concerns related to the possible bullying or harassment of a student may report the issue using this form.)

<p>1. Print the name of the person who is submitting this report:</p> <p>_____</p>	<p>2. Today's Date:</p> <p>_____</p>									
<p>3. The person submitting the report is a:</p> <p><input type="checkbox"/> Student in grade _____</p> <p><input type="checkbox"/> Parent/Guardian of _____</p> <p><input type="checkbox"/> School District Employee</p> <p><input type="checkbox"/> Other: _____</p>	<p>4. The person submitting the report is (check all that apply):</p> <p><input type="checkbox"/> A victim/target of bullying or harassment</p> <p><input type="checkbox"/> Someone who saw what happened to someone else</p> <p><input type="checkbox"/> Someone who has heard what happened to someone else</p> <p><input type="checkbox"/> Other: _____</p>									
<p>5. WHO is being bullied or harassed? (Please provide names(s) and grade(s) of each student you can identify as a possible victim/target.)</p>										
<p>6. WHO is bullying or harassing the people listed above?</p> <p><input type="checkbox"/> Other student(s): _____</p> <p><input type="checkbox"/> School employee(s): _____</p> <p><input type="checkbox"/> Someone else: _____</p>										
<p>7. Describe what happened (or what is happening if the concern involves ongoing behavior)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">WHAT happened (describe separate incidents separately)?</td> <td style="width: 33%;">WHERE did it happen?</td> <td style="width: 33%;">WHEN did it happen?</td> </tr> <tr> <td>1) _____</td> <td></td> <td></td> </tr> <tr> <td>2) _____</td> <td></td> <td></td> </tr> </table> <p>Please list additional incidents, or provide additional detail on the back (or by using attached sheets of paper) if needed.</p>		WHAT happened (describe separate incidents separately)?	WHERE did it happen?	WHEN did it happen?	1) _____			2) _____		
WHAT happened (describe separate incidents separately)?	WHERE did it happen?	WHEN did it happen?								
1) _____										
2) _____										
<p>8. Is the problem over now, or is it likely to continue?</p> <p><input type="checkbox"/> It seems like it is over for now, but I'm still concerned.</p> <p><input type="checkbox"/> It is continuing, or seems very likely to continue.</p> <p>9. Does this complaint allege a violation of law or District policy that is based upon, or that has occurred because of, any individual's legally-protected status (e.g., race, color, national origin, ancestry, sex, sexual orientation, religion, creed, pregnancy, marital or parental status, or any physical, mental, emotional or learning disability)?</p> <p><input type="checkbox"/> No. It doesn't seem connected to any of those categories.</p> <p><input type="checkbox"/> Yes. List each protected status/category that you feel is relevant to the allegations made in this complaint:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>10. To your knowledge and in relation to this complaint, is anyone's health or safety in imminent danger such that you believe immediate action is needed to alleviate that danger?</p> <p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. Please identify WHO may be in danger and WHY:</p> <p>_____</p> <p>_____</p> <p>Has anyone contacted law enforcement?</p> <p><input type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. Who?</p> <p>_____</p>									

11. Please **sign and date** this form (for reports submitted by multiple people, please submit separate forms or add an additional signature page).

Your signature is your assurance that the information provided in/with this report is complete and accurate to the best of your knowledge. Intentionally providing false information is a serious violation.

Signature

Date

**Please Submit this Report DIRECTLY to the
Building Principal, to a Guidance Counselor, or to a Teacher**

Use this Space to Provide Any Additional Detail that You Wish to Provide

Lines below are for School District OFFICE USE ONLY

1. Identify the **name and title** of the person who received this form on behalf of the School District, and identify the **date of receipt**:

Name

Title

Date of Receipt by the District

2. Identify the method of receipt:

- Hand delivery
- U.S. mail
- Email
- Inter-office mail
- Other _____

3. By number, identify the items on this form (if any) which were blank or clearly incomplete at the time the form was initially filed with the District:

4. Identify the **supervisor(s) or administrator(s)** who have been notified of the District's receipt of this report as of the date of receipt:

5. Identify the **supervisor or administrator** who is assigned primary responsibility for ensuring this report is processed appropriately:

6. Other information the District wishes to document related to the receipt of this complaint: