



**EDINBURG
CONSOLIDATED INDEPENDENT SCHOOL DISTRICT
P.O. BOX DRAWER 990
EDINBURG, TEXAS 78540
PHONE: (956) 289-2300
FAX (956) 383-3576**



E.C.I.S.D. BULLYING REPORT FORM

(Any person reporting false information may be subject to appropriate disciplinary action.)

Date: _____

Name of Person submitting this report: _____

Name(s) of victim(s): _____

Name(s) of the accused of bullying: _____

Name(s) of Witnesses/Bystanders: _____

Type of Bullying (circle all that apply): Called Mean Names, Excluded, Hit, Kicked, Punched, Told Lies or False Rumors, Threatened, Made Racial Comments, Made Sexual Comments, Took Possessions, Damaged Possessions.

Other (explain): _____

Where did the bullying happen? (circle all that apply): In class with Teacher, In class without Teacher, Hallway, Restroom, Cafeteria, P.E. Area, Parking lot, School Bus, Bus Stop, Other place, please describe: _____

Explain what you witnessed: _____

Has the Victim reported the bullying incident to any adult at school? (Such as a: Teacher, Assistant Principal, Head Principal, Secretary, Police Officer, Security Officer, Parent/Guardian or other adult.) Please list their names: _____

FOR OFFICE USE ONLY Date: _____

First Bullying Offense? YES _____ NO _____ Date of Offense: _____

Repeat Bullying Offender? YES _____ Initial Offense Date: _____ Second Offense Date: _____

Parent Contacted? YES _____ NO _____ Time/Date: _____ Name: _____

Consequence for today's offense: _____

Nondiscrimination Statement

It is the policy of Edinburg CISD not to discriminate on the basis of sex, age, disability, religion, race, color, or national origin in its educational programs. Es política del Distrito Escolar de Edinburg el no discriminar por razones con base en sexo, edad, religión, raza, color, origen nacional, ni discapacidad dentro de sus programas educacionales.