

Riverside High School

See Something, Say Something Report Form

The purpose of this form is to report an incident of concern or unwanted behavior. These incidents could include: bullying, harassment, bias/racism, vandalism, threats, violence, concerning speech or behavior that could cause harm to self, our community, or our environment.

Directions: Please complete the form with as much detail as possible and return the form to a trusted staff member. The situation will be handled as confidentially as possible. If you fear that someone is in immediate danger, contact an administrator or the police immediately.

Name of Person Reporting: _____ Grade: _____ Date: _____

I am reporting anonymously

1. Who is being bullied/harassed/harmed? _____

2. Who is the person doing the harassing, bullying, harming? _____

3. Describe what happened: _____

4. Where did it happen? _____

5. Witnesses name(s) if any? _____ Grade: _____

6. How long has this been going on? _____

7. What have you done about this issue? _____

8. Have you talked to anyone about this already (student, staff member, other adult)?

Yes (please write names here) _____

No

9. List/Attach evidence if possible (notes, photos, etc) _____

I agree that all the information on this form is true to the best of my knowledge

Signature of Reporter

Date

For Office Use Only:

Date Received: _____

Received by: _____

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***** ADMINISTRATION/STAFF FOLLOW UP *****

_____ Date I met with the reporting student.
 _____ Date I called home & who I spoke to: _____
 _____ Date I followed up with the person(s) doing the harm.
 _____ Date I followed up with the reporting student.

_____ Date: _____
 Administrator/Staff Name Administrator/Staff Signature

A staff person has talked with me about the the resolution of the incident:

_____ Date: _____
 Reporting Student Signature

Notes:

Action Taken:

Student Meeting with: <input type="checkbox"/> Counselor/Administrator <input type="checkbox"/> Other: _____	Parent/Guardian: <input type="checkbox"/> Notification: _____ <input type="checkbox"/> Meeting with: _____
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Restoration/Skill Building	Sanctions/Consequences
<input type="checkbox"/> Apology <input type="checkbox"/> Community Service <input type="checkbox"/> Restorative Conference <input type="checkbox"/> Restitution <input type="checkbox"/> Conflict Resolution Meeting <input type="checkbox"/> Peer Mediation <input type="checkbox"/> Intent vs. Impact Conversation <input type="checkbox"/> Reflection/Perspective Taking <input type="checkbox"/> Other: _____	<input type="checkbox"/> Referral Written <input type="checkbox"/> Warning <input type="checkbox"/> Detention <input type="checkbox"/> Safety/Supervision Plan <input type="checkbox"/> No Contact Agreement <input type="checkbox"/> SRO Contact/Transport <input type="checkbox"/> In/Out School Suspension <input type="checkbox"/> Recommended for Expulsion <input type="checkbox"/> Other: _____

_____ *For Office Use Only:* *Date Received:* _____ *Received by:* _____