Ventura County Office of Education
Harassment / Bullying Complaint Form

Instructions: This form may be submitted by anyone being harassed/bullied or who has witnessed someone else being harassed/bullied. It is to be turned into the office, teacher or principal. This form must be completed by any school employee who has witnessed or is investigating an incident of harassment/bullying.

Date ____________________ School: ____________________
Name of person making complaint (optional): ____________________ Phone: ____________________
Location of incident (playground/classroom/bus): ____________________
Name of alleged perpetrator: ____________________ Name of alleged victim: ____________________
Date and time of incident(s): ____________________
Were there any witnesses/bystanders?   ___Yes   ___No   If so, who? ____________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Nature of Complaint (check all that apply):

Direct Bullying
- hitting/shoving/punching
- kicking/tripping
- biting/spitting
- name calling/teasing
- taking property
- threats (verbal/written)
- direct racial comments
- inappropriate touching/comments
- retaliation
- other

Indirect Bullying
- spreading rumors
- internet posting
- electronic messaging
- cyberbullying
- exclusion
- social cruelty (list): ____________________
- indirect racial comments
- involving others in retaliation

Explain: __________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Has this been an ongoing offense (occurring more than once over a long period of time)? ___Yes   ___No
Explain: __________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Name ____________________ Signature ____________________ Date ____________________
FORMULARIO DE QUEJAS DEL ACOSO/INTIMIDACIÓN

Instrucciones: Este formulario puede ser presentado por cualquier persona que está siendo acosada/intimidadada o que ha sido testigo de alguien más que está siendo acosado/intimidadado. Es para ser entregado en la oficina, al maestro o director. Este formulario deberá de ser completado por cualquier empleado de la escuela que ha sido testigo o está investigando un incidente de acoso/intimidadación.

Fecha: __________________________ Escuela: __________________________

Nombre de la persona que denuncia (opcional): __________________________ Teléfono: __________________________

Lugar del incidente (patio/salón de clase/autobús): __________________________

Nombre del supuesto agresor: __________________________ Nombre de la supuesta víctima: __________________________

Fecha y hora(s) del incidente: __________________________

¿Hubo testigos/espectadores? □ Sí □ No Si sí, ¿quién? __________________________

Clase de queja (marque todo lo que corresponda):

Intimidación Directa

☐ golpear/empujar/puñetazos
☐ patear/tropezar
☐ morder/escupir
☐ insultar/burlar
☐ tomar la propiedad
☐ amenazas (verbal/escritas)
☐ comentarios raciales directos
☐ tocar inadecuadamente/comentarios
☐ represalia
☐ otro

Intimidación Indirecta

☐ divulgar rumores
☐ publicar en la red
☐ mensajes electrónicos
☐ acoso cibernético
☐ exclusión
☐ crueldad social (enumerar):

☐ comentarios raciales indirectos
☐ involucrar a otros en la represalia

Explicar: __________________________

¿Ha sido esto un delito constante (que ocurre más de una vez durante un largo periodo de tiempo)? □ Sí □ No

Explicar: __________________________

Nombre: __________________________ Firma: __________________________ Fecha: __________________________
HARASSMENT/BULLYING ADMINISTRATIVE INTERVIEW FORM

Serving the Communities of Ventura County
5189 Verdugo Way, Camarillo, CA 93012

School Information:
- Boswell
- Buena High
- Conejo/Triggs
- De Anza Technology
- Dos Caminos
- Dwire
- Foster
- La Mariposa
- Las Colinas
- Los Nogales
- Moorpark HS
- ACCESS
- Ojai TEAMS
- Penfield
- Phoenix Airport
- Phoenix Moorpark
- Rio Rosales
- Ritchen
- Sunkist
- Triton Academy
- Ventura High
- Williams
- Gateway
- Providence

REMINDER: All school employees are mandated to intervene. This form is designed to assist you in the documentation of a reported harassment/bullying incident.

Name of person making complaint: __________________________ Date of incident(s): __________________________

School: __________________________ Location of incident (classroom, restroom, recess): __________________________

Name of alleged offender: __________________________ Name of alleged victim: __________________________

This School Bullying Investigation Form is to be used to document the investigation and comply with the reporting requirements for all alleged incidents of school bullying.

REPORTING: Complete one School Bullying Investigation Form for each alleged victim.

School Administrator completing form: __________________________ Position: __________________________

Date reported to Principal/Designee: __________________________ Time reported to Principal/Designee: __________________________

Person reporting incident. Name: __________________________ Role: __________________________

<table>
<thead>
<tr>
<th>Name of Alleged Victim</th>
<th>Age</th>
<th>School</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name(s) of Alleged Perpetrator(s)</th>
<th>Age</th>
<th>School</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
</table>

Date(s) of incident: __________________________

Location of incident: (Check all that apply)
- on school property: __________________________
- on school bus: __________________________
- at school sponsored event or activity: __________________________
- off campus: __________________________

Description of alleged bullying: __________________________

INVESTIGATION:

Investigation began within 5 business days of bullying being reported? ☐ Yes ☐ No Date investigation began: __________

Initials: __________________________

What actions were taken to investigate this incident? (check all that apply)
- Interviewed alleged student victim
- Interviewed alleged perpetrator(s)
- Interviewed witnesses
- Witness statements collected in writing
- Interviewed school nurse
- Interviewed guidance, school psychologist

This form is to be confidentially maintained in accordance with the Family Educational Rights Privacy Act, 20 U.S.C. § 1232g.

Revised 8/5/15
BP AR 5145.3
Exhibit B
Reviewed medical information
Reviewed social history between parties
Interviewed teachers and/or school staff: (list names):

Reviewed changes in emotional functioning
Interviewed alleged student victim’s parent/guardian
Interviewed alleged perpetrator’s parent(s)/guardian(s)
Examined physical evidence: 
Reviewed academic records:

Exhibit B

**Investigation Findings/Evidence of Bullying:**

Instructions: Check both the column on the left and right for all that apply.

<table>
<thead>
<tr>
<th>State definitions of bullying:</th>
<th>Look for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physically harmed the student</td>
<td>physical injuries</td>
</tr>
<tr>
<td>Damaged the victim’s property</td>
<td>Property damage</td>
</tr>
<tr>
<td>Caused emotional distress to the victim</td>
<td>excessive emotional behavior</td>
</tr>
<tr>
<td>Interfered with the victim’s educational opportunities</td>
<td>changes in school attendance: absences, tardies, dismissals</td>
</tr>
<tr>
<td>Created a hostile educational environment</td>
<td>created significant tension between students/others</td>
</tr>
<tr>
<td>Substantially disrupted the orderly operation of the school</td>
<td>significant incident of disruption</td>
</tr>
<tr>
<td>Created an “imbalance of power” between victim and perpetrator</td>
<td>bullying based on disability</td>
</tr>
</tbody>
</table>

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Included the use of electronic devices as defined in School Board Policy

Identify at least one bullying component above that used electronic medium:

- cell phones
- audio or visual images
- instant messaging/e-mail
- gaming
- social networking
- blogs
- web content
- other: ___

INVESTIGATION DETERMINATION:

Based on this investigation, school administration determines the following:

1. In the “evidence of bullying” section above, there was at least one “investigation finding”.
   - Yes - Proceed to next section
   - No - Stop bullying investigation and process as standard discipline investigation

2. Does this investigation conclude that this incident is a single significant incident?
   - Yes - This is a substantiated incident of bullying
   - No - Proceed to section below

3. Does this investigation conclude that this incident is a pattern of incidents?
   - Yes - This is a substantiated incident of bullying
   - No - Stop bullying investigation and proceed as a standard discipline investigation

INTERVENTIONS/CONSEQUENCES (check all that apply):

<table>
<thead>
<tr>
<th>Victim</th>
<th>Perpetrator</th>
<th>Intervention / Consequences</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>None were warranted</td>
<td>Student conference(s) with administrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive behavioral interventions</td>
<td>Teacher notification plan</td>
<td></td>
<td></td>
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<tr>
<td>Other school staff notification</td>
<td>Parent meeting(s)</td>
<td></td>
<td></td>
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<tr>
<td>Referral to 504, RtI, special education team</td>
<td>Counseling/therapeutic interventions</td>
<td></td>
<td></td>
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<tr>
<td>Restorative Circle</td>
<td>Safe person plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check in – Check out assigned</td>
<td>Bullying prevention plan to be developed</td>
<td></td>
<td></td>
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<tr>
<td>Follow up / Monitoring</td>
<td>Unstructured areas safety plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School bus planning/notification</td>
<td>Loss of privileges/points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Detention</td>
<td>In-school suspension</td>
<td></td>
<td></td>
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<tr>
<td>Out-of school suspension</td>
<td>Other (specify):</td>
<td></td>
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</tbody>
</table>

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NOTIFICATION REQUIREMENTS:

☐ Yes  ☐ No  Investigation completed within 10 days of receiving initial report?  Initials: ___________________________

Within 10 school days of completing an investigation, the principal/designee will notify the parents of the students involved of the findings and the result of the investigation.

Documentation of notification:

<table>
<thead>
<tr>
<th>Student</th>
<th>Parent/Guardian</th>
<th>Date of Notification</th>
<th>Method of Notification</th>
<th>Notes</th>
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Additional pertinent information gained during investigation: (attach a separate sheet if necessary) ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Investigator notes:  (attach a separate sheet if necessary) ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________