SACRAMENTO CITY UNIFIED SCHOOL DISTRICT
Report of Suspected Bullying (E5145.4)

DATE: _____

Directions: _____
immediately. .

Date of Alleged Incident(s): _____ **School:** _____

Name of Student Targeted: _____ **Grade:** _____

Name of Student Aggressor(s): _____ **Grade:** _____

Name: _____ **Grade:** _____

Name: **Grade:**

What happened?

☐ ☐
☐ ☐
☐ ☐
☐ ☐
☐ ☐

Where did the incident happen?

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☐ ☐ ☐
☐ ☐ ☐

When did the incident happen?

☐ ☐ ☐
☐ ☐ ☐

Please indicate if the incident involved aggression toward a student based on these actual or perceived characteristics:

☐ ☐ ☐ ☐

[redacted]

Person Reporting Alleged Incident

Person Completing Form

_____