West Central Area Schools
Bullying Reporting

West Central Area Schools maintains a firm policy prohibiting all forms of bullying. All persons are to be treated with respect and dignity. While the district cannot monitor the activities of students at all times and eliminate all incidents of bullying between students, it is the district's intent to prevent bullying and to take action to investigate, respond, remediate and discipline those acts of bullying which have occurred.

To report acts of Bullying, please use one of the three following options:

1. Call the Building Principal or Dean of Students.
   - **Secondary School** - Ph. 320.528.7400, Fax 320.528.2279
     - Susan Knutson - 320.528.7401
     - Jacob Foslien - 320.528.7402
   - **North Elementary** - 218.685.7500, Fax 218.685.4149
     - Natalie Prasch - 320.965.7601
     - Naomi Moerke - 320.965.7602
   - **South Elementary** - 320.965.7600, Fax 320.965.2264
     - Natalie Prasch - 320.965.7601
     - Naomi Moerke - 320.965.7602

2. Complete the attached Bullying Report Form and e-mail, fax, mail or deliver to the Building Principal or Dean of Students.

3. E-mail the Building Principal or Dean of Students.
   - Susan Knutson – sknutson@isd2342.org
   - Jacob Foslien - ifoslien@isd2342.org
   - Natalie Prasch - nprasch@isd2342.org
   - Naomi Moerke - nmoreke@isd2342.org

Updated 11/01/19
INDEPENDENT SCHOOL DISTRICT NO. 2342
BULLYING REPORT FORM

General Statement of Policy Prohibiting Bullying

Independent School District No. 2342 maintains a firm policy prohibiting all forms of bullying. All persons are to be treated with respect and dignity. While the district cannot monitor the activities of students at all times and eliminate all incidents of bullying between students, it is the district's intent to prevent bullying and to take action to investigate, respond, remediate, and discipline those acts of bullying which have not successfully been prevented.

Complainant

Home Address

Work Address

Home Phone

Work Phone

Date of Alleged Incident(s) ____________________________________________

Name of person you believe was violent toward you or another person.

_________________________________________________________________

If the alleged bullying or violence was toward another person, identify that person.

_________________________________________________________________

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages if necessary.)

_________________________________________________________________

_________________________________________________________________

Where and when did the incident(s) occur? __________________________________________

_________________________________________________________________

List any witnesses that were present __________________________________________

_________________________________________________________________

This complaint is filed based on my honest belief that ____________________________ has bullied or has been violent to me or to another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

(Complainant Signature) ____________________________ (Date) ____________________________

(Received by) ____________________________________________ (Date) ____________________________