

REPORT OF SUSPECTED BULLYING BEHAVIORS OR TEEN DATING VIOLENCE
(School Employees Should File with the School Principal)
(Parents and Students May File with the School Principal or Any Other School Employee)

Name of Person Completing Report: _____

Date: _____

Target(s) of Behaviors/Violence:

Relationship of Reporter to Target (self, parent, teacher, peer, etc.):

Report Filed
Against: _____

Date of Incident(s): _____

Location(s): _____ Time: _____

Describe the basis for your report. Include information about the incident, participants, background to the incident, and any attempts you have made to resolve the problem. Please note relevant dates, times and places.

Indicate if there are witnesses who can provide more information regarding your report. If the witnesses are not school district staff or students, please provide contact information.

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have there been previous incidents (circle one)? Yes No

If "yes", please describe the behavior of concern, or the violence that occurred; include the approximate date(s) and the location(s):

Were these incidents reported to school employees (circle one) Yes No

If "Yes", to whom was it reported and when?

Was the report verbal or written?

Proposed Solution:

Indicate your opinion on how this problem might be resolved in the school setting. Be as specific as possible.

I certify that the above information and events are accurately depicted to the best of my knowledge.

Signature of Reporter Date Submitted Received By Date Received

MIDDLETOWN PUBLIC SCHOOLS
REPORT OF BULLYING FORM/INVESTIGATION SUMMARY

For Staff Use Only: _____

School _____ Date _____

Location(s) _____

Reporter Information:

Anonymous student report _____

Staff Member report _____ Name _____

Parent/Guardian report _____ Name _____

Student report _____ Name _____

Student Reported as Committing Act: _____

Student Reported as Victim: _____

Description of Alleged Act(s): _____

Time and Place: _____

Names of Potential Witnesses: _____

Action of Reporter: _____

Administrative Investigation Notes (attach brief written narrative describing the facts as found, including the bullying conduct per checklist below, the student(s) engaged in such conduct, the dates such conduct occurred, and other relevant information).

- _____ Physical violence and/or attacks;
- _____ Verbal taunts, name-calling and put-downs, including taunts based on ethnicity, gender, religion, sexual orientation, or other protected and/or individual characteristics;

____ Threats and intimidation (through words and/or gestures);
____ Extortion or stealing of money and/or possessions.
____ Other (brief description) _____

Bullying Verified? Yes ____ No ____

Remedial Action(s) Taken: _____

If Bullying Verified, Has Notification Been Made to Parents of Students Involved?

Parents' Names: _____	Date Sent: _____
Parents' Names: _____	Date Sent: _____
Parents' Names: _____	Date Sent: _____
Parents' Names: _____	Date Sent: _____

If Bullying Verified, Have Invitation to Meetings Been Sent to Parents of Students Involved?

Parents' Names: _____	Date Sent: _____
Parents' Names: _____	Date Sent: _____
Parents' Names: _____	Date Sent: _____
Parents' Names: _____	Date Sent: _____

Date of Meetings:

If Bullying Verified, Has School Developed Student Safety Support/Intervention Plan?

Y N

(Attach bullying complaint and witness statements. If bullying is verified, attach notification to parents of students involved, invitations to parent meetings, and records of parent meetings).

MIDDLETOWN PUBLIC SCHOOLS
Middletown, Connecticut
COMPLAINT FORM FOR BULLYING BEHAVIOR

Check Appropriate:

- Parent
- Guardian
- Student

Name(s) of complainant: _____

Name and position of person receiving verbal report: _____

Date of Complaint: _____

Name of person suspected of being bullied: _____*

Name(s) of alleged perpetrator(s): _____

** Is student making the complaint requesting anonymity? Yes _____ No _____

Date and place of incident: _____

Number of such incidents: _____

Description of incident: _____

Names of any witnesses: _____

*The parent of the person suspected of being bullied must complete the attached consent form, which permits the District to release the name of the person suspected of being bullied to those third parties who the District contacts as part of its investigation of this complaint.

**MIDDLETOWN PUBLIC SCHOOLS
Report of Teen Dating Violence/Consent to Release Student Information**

Date: _____

Name of Student: _____

School: _____

To Parent/Guardian:

A report of teen dating violence has been made on behalf of your child alleging that he/she has been the victim of teen dating violence. In order to facilitate a prompt and thorough review of the report, the Middletown Public Schools may wish to disclose the fact that this complaint has been filed in connection with its review.

(Please check one):

_____ I hereby give permission for the Middletown Public Schools to disclose the fact that a complaint concerning my child has been filed as part of its review of that complaint.

_____ I do **NOT** give permission for the Middletown Public Schools to disclose the fact that a complaint concerning my child has been filed as part of its review of that complaint.

Signature of Parent/Guardian _____ Date _____

Name (Please print) _____

MIDDLETOWN PUBLIC SCHOOLS

Verified Acts of Bullying

School _____

Year _____

<u>Month</u>	<u># of Verified Acts of Bullying</u>
September	_____
October	_____
November	_____
December	_____
January	_____
February	_____
March	_____
April	_____
May	_____
June	_____