



REPORT OF BULLYING FORM/INVESTIGATION SUMMARY

For Staff Use Only: _____

School _____ **Date** _____

Location(s) _____

Reporter Information:

Anonymous student report _____

Employee 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 (use separate sheet if necessary):

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 Invitations 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 or Program Developed Student Safety Support/Intervention Plan?

Y N

(Attach bullying complaint and witness statements. If bullying is verified, attach: 1) notification to parents of students involved that includes a description of the school or program's response to the acts of bullying, the results of the investigation, and via e-mail if e-mail addresses are known, a statement that the parents may refer to the plain language explanation of rights and remedies available under Conn. Gen. Stat. §§ 10-4a and 10-4b once such explanation has been provided to the Board by the Connecticut Social and Emotional Learning and School Climate Advisory Collaborative and published on the District's website; 2) invitations to parent meetings; and 3) and records of parent meetings).