

**MERIDEN PUBLIC SCHOOLS
REPORT OF SUSPECTED BULLYING BEHAVIORS**

Name of Person Completing Report: _____

Date: _____

Target(s) of Behaviors: _____

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

Complaint Filed Against: _____

Date of Incident(s): _____

Location: _____ Time: _____

Specify your complaint by stating the problem as you see it. Describe 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 complaint. 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, the approximate dates and the location:

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

If "yes", to whom was it reported? _____

Was the report verbal or written?

Proposed Solution:

Indicate your opinion on how this problem might be resolved. Be as specific as possible.

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

Signature of Complainant Date Submitted Received by Date Received

For Staff Use Only:

Has reporter requested anonymity (circle one)? Yes No

Does the school have parent/guardian consent to disclose the student's name in connection with the investigation (circle one)? Yes No

Administrative Investigation Notes (use separate sheet if necessary):

Bullying Verified (circle one): Yes No

Remedial Action(s) Taken:

If bullying verified, has notification been made to parents of students involved?

Parents' Names: _____ Date Notified: _____

Parents' Names: _____ Date Notified: _____

Parents' Names: _____ Date Notified: _____

Parents' Names: _____ Date Notified: _____

If bullying verified, has invitation to meetings been held with parents of students?

Parents' Names: _____

Date Sent: _____

Parents' Names: _____

Date Sent: _____

Parents' Names: _____

Date Sent: _____

Parents' Names: _____

Date Sent: _____

Dates of Meetings:

If bullying verified, has school developed student safety support/intervention plan (circle one):

Yes

No

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