

**MERIDEN 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 (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 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).