

**New Hartford 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(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, the approximate dates and the location:

Were these incidents reported to school personnel (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
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(continued)

For Staff Use Only:

Has reporter requested anonymity? Yes No

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, Has Invitation to Meeting Been Sent to Parents of Students?

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? 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)