

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

INTERNAL INVESTIGATION NOTES FOR REPORTS OF BULLYING BEHAVIORS

For Staff Use Only:

Has the student reporter requested anonymity? Y N

Does the school have parent/guardian consent to disclose that a complaint as to this student has been filed in connection with the investigation? Y N

Administrative Investigation Notes (use separate sheet if necessary):

Bullying Verified? Yes ____ No ____

Remedial Action(s)
Taken:

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

**PLYMOUTH 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 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 Developed Student Safety Support/Intervention Plan?

Y N

Attach bullying complaints and witness statements.

If bullying is verified, attach:

- 1) notification to parents of students involved that includes a description of the school's response to the acts of bullying, the results of the investigation, and via email if email 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**
- 2) invitations to parent meetings**
- 3) records of parent meetings**

**Plymouth Public Schools
Report of Bullying/Consent to Release Student Information**

Date: _____

Name of Student: _____

School: _____

To Parent/Guardian:

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

(Please check one):

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

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

Signature of Parent/Guardian

Date

Name (Please print)

Plymouth 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 Plymouth 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 Plymouth 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 Plymouth 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)