

**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.

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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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**Report of Suspected Bullying Behaviors**  
(continued)

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**For Staff Use Only:**

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Has reporter requested anonymity?    Yes    No

Administrative Investigation Notes (use separate sheet if necessary):

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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)