



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	Email Address
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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
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**Regional School District 10 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 your child has been the victim of teen dating violence. In order to facilitate a prompt and thorough review of the report, the Regional School District 10 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 Regional School District #10 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 Regional School District #10 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)