

REPORT OF SUSPECTED BULLYING BEHAVIORS OR TEEN DATING VIOLENCE (School Employees Should File with School Principal or Administrator) (Parents and Students May File with the School Principal, Administrator or Any Other School Employee)

Name of Person Completing Report:	
Date:	
Target(s) of Behaviors/Violence:	
Relationship of Reporter to Target (self, parent, teacher, peer, etc.):	
Report Filed Against:	
Date of Incident(s):	
Describe the basis for your report. Include information about the incident, p background to the incident, and any attempts you have made to resolve the p 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 **Email Address** 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.

Date Submitted

Signature of Reporter

Received By

Date Received



Regional School District 10 Public Schools Report of Bullying/Consent to Release Student Information

Date:		
Name of Student:		
School:		
To Parent/Guardian:		
been the victim of bullying. In ord	en made on behalf of your child alleging that yeer to facilitate a prompt and thorough investigat 10 Public Schools may wish to disclose the fation with investigation.	ation of the
(Please check one):		
	nission for the Regional School District #10 Pu oncerning my child has been filed as part of its	
	mission for the Regional School District #10 Proncerning my child has been filed as part of its	
	Signature of Parent/Guardian	Date
	Name (Please print)	



Regional School District 10 Public Schools Report of Teen Dating Violence/Consent to Release Student Information

Date:		
Name of Student:		
School:		
To Parent/Guardian:		
child has been the victim of teen of review of the report, the Regional	plence has been made on behalf of your child a lating violence. In order to facilitate a prompt School District 10 Public Schools may wish tiled in connection with its review.	and thorough
(Please check one):		
	mission for the Regional School District #10 learning my child has been filed as part of i	
	rmission for the Regional School District #10 concerning my child has been filed as part of i	
	Signature of Parent/Guardian	Date
	Name (Please print)	