

TRUMBULL PUBLIC SCHOOLS
Incident Reporting Form

Name of Person Completing Report: _____ Today's Date: _____
(Targeted Student/Anonymous/Parent/District Employee/Bystander)

Name of alleged target(s): _____ Grade(s): _____

Name of alleged perpetrator(s): _____ Grade(s): _____

Where did the incident(s) occur? _____

Date of Incident(s): _____ What time did the incident(s) occur: _____ AM/PM

Description of the Incident(s) (please be specific):

To your knowledge, has this occurred more than once? Yes No

Were these incidents reported to school employees (check one)? Yes No

If "Yes", to whom was it reported and when? _____

Are there immediate safety concerns? Yes No

NOTICE: If this is an emergency, and you feel that you or someone else is in imminent danger, please call 911, or your municipal police department.

Indicate your opinion on how this problem might be resolved in the school setting. Be as specific as possible.

Name of district employee who received report: _____ Position: _____

TRUMBULL PUBLIC SCHOOLS
Summary of Incident Investigation

Please discuss findings of investigation:.

Please discuss steps taken:.

Did the incident involve actions that consistent with sexual harassment?

Yes No

If yes, please forward this paperwork to the Title IX coordinator.

Did the incident meet the definition of bullying?

Yes No

CC: Building Principal

Superintendent

Director of PPS

Supervisor of Mental Health