



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 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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Policy Adopted:                      January 11, 2012

SPRAGUE SCHOOL DISTRICT  
Baltic, Connecticut

ADMINISTRATIVE REGULATIONS REGARDING  
BULLYING PREVENTION AND INTERVENTION

**REPORTING FORM**

**INVESTIGATION SUMMARY OF REPORTED BULLYING**

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: \_\_\_\_\_

\_\_\_\_\_

For Staff Use Only:

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 Invitation 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 complaint, witness statements, and notification to parents of students involved if bullying is verified, invitations to parent meetings, records of parent meetings).

Policy Adopted:      January 11, 2012

SPRAGUE SCHOOL DISTRICT  
Baltic, Connecticut

ADMINISTRATIVE REGULATIONS REGARDING  
BULLYING PREVENTION AND INTERVENTION

**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 Sprague School District may need to disclose the name of your child and/or other information in connection this investigation which may otherwise disclose your child's identity.

***(Please check one):***

\_\_\_\_\_ I hereby give permission for the Sprague School District to disclose my child's name, along with any other information necessary to permit the district to adequately and appropriately investigate such report, to third parties contacted by the district as part of its investigation.

\_\_\_\_\_ I do **NOT** give permission for the Sprague School District to disclose my child's name, along with any other information necessary to permit the district to adequately and appropriately investigate such report, to third parties contacted by the district as part of its investigation.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please print)

Policy Adopted: January 11, 2012