

Bullying & Harassment Reporting Form

Clintonville Elementary School
456 Clintonville Road
North Haven, CT 06473
(203) 239-5865
Fax (203) 239-4009

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

Directions: Bullying, harassment, and intimidation are serious and will not be tolerated. This is a form to report alleged bullying, harassment, or intimidation that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school, in the current school year. If you are a student victim, the parent/guardian of a student victim, a close adult relative of a student victim, student witness, or school staff member and wish to report an incident of alleged bullying, harassment or intimidation, complete this form and return it to the student's assistant principal, the school principal, or the main office. Contact the school for additional information or assistance at any time. *All incidences will be investigated, but not every incident will result in school discipline.*

Bullying-Effective July 1, 2011, "Bullying" means (A) the repeated use by one or more students of a written, oral or electronic communication, such as cyberbullying, directed at or referring to another student attending school in the same school district, or (B) a physical act or gesture by one or more students repeatedly directed at another student attending school in the same school district, that: (i) Causes physical or emotional harm to such student or damage to such student's property, (ii) places such student in reasonable fear of harm to himself or herself, or of damage to his or her property, (iii) creates a hostile environment at school for such student, (iv) infringes on the rights of such student at school, or (v) substantially disrupts the education process or the orderly operation of a school. Bullying shall include, but not be limited to, a written, oral or electronic communication or physical act or gesture based on any actual or perceived differentiating characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity or expression, socioeconomic status, academic status, physical appearance, or mental, physical, developmental or sensory disability, or by association with an individual or group who has or is perceived to have one or more of such characteristics.

Today's date: ___/___/___

School: _____

Person Reporting Incident (optional):

Name: _____ Telephone: (____) ____ - _____ E-mail: _____

Check the appropriate box(es): Student victim Parent/guardian Relative Student Witness School Staff

1. Name of student victim _____ Grade/Age _____
(Please print)

2. Name(s) of alleged offender(s) if known (Please print) Grade/Age

Name(s) of alleged offender(s) if known (Please print)	Grade/Age

3. On what date(s) did the incident happen? ___/___/___ ___/___/___ ___/___/___
Mo. Day Year Mo. Day Year Mo. Day Year

4. Where did the incident happen? (choose all that apply)

- On school property At a school-sponsored activity on or off school property Cyber-bullying
 On a school bus On the way to/from school Outside of School

5. Place an X next to the statement(s) that best describes what happened (choose all that apply):

- Teasing, name-calling, making critical remarks, or threatening, in person or by other means
 Spreading harmful rumors or gossip
 Hitting, kicking, shoving, spitting, hair pulling, or throwing something
 Demeaning and making the victim of jokes
 Making rude and/or threatening gestures
 Excluding or rejecting the student

- Getting another person to hit or harm the student
- Intimidating, bullying, extorting, or exploiting
- Other (specify):

Attach a separate sheet if necessary

6. What did the alleged offender(s) say or do? _____

7. Are you aware of anything that might have motivated (not excused) the behavior?

8. List witness(es): _____

9. How did you learn about the incident? _____

10. Is there any additional information you would like to provide? _____

The information I have provided in this complaint is accurate and complete to the best of my knowledge.

Name (Please Print)

Signature

____/____/____
Date

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For administrative use only:

Received by

____/____/____
Date

Outcome Notes: