



REGIONAL SCHOOL DISTRICT 13

ENGAGE • EMPOWER • THRIVE

Regional School District 13 REPORT OF SUSPECTED BULLYING BEHAVIORS

Name of Person Completing Report: _____

Date: _____

Name of Target: _____

Relationship of Reporter to Target (self, parent, teacher, peer, etc.):

Report Filed Against: _____

Date of Incident(s): _____

Location(s): _____ Time: _____

Describe the basis for your report. Include information about the incident, participants, background to the incident, and any attempts you have made to resolve the problem. Please note 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

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?

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



**Regional School District 13 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, Regional School District 13 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 Regional School District 13 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 Regional School District 13 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)