

(School Employees Should File with the School Principal)

Name of Person Completing Report: \_\_\_\_\_

**Target(s) of Behaviors/Violence:**

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Location(s): \_\_\_\_\_ Time: \_\_\_\_\_

[illegible]

5002A  
ATTACHMENT A  
STUDENTS

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, 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.

_____	_____	_____	_____
Signature of Reporter	Date Submitted	Received By	Date Received

Adopted:            January 11, 2012  
Revised:            August 12, 2015  
Revised:            April 11, 2018

SPRAGUE SCHOOL DISTRICT  
Baltic, Connecticut

## INTERNAL INVESTIGATION NOTES FOR REPORTS OF BULLYING BEHAVIORS

**For Staff Use Only:**

Has student reporter requested anonymity?	Y	N
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Does the school have parent/guardian consent to disclose that a complaint as to this student has been filed in connection with the investigation? Y N

Administrative Investigation Notes (use separate sheet if necessary):

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Bullying Verified? Yes \_\_\_\_ No \_\_\_\_

Remedial Action(s)

Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach bullying complaint and witness statements. If bullying is verified, attach notification to parents of students involved, invitation to parent meetings, and records of parent meetings).

Adopted: January 11, 2012  
Revised: August 12, 2015  
Revised: April 11, 2018

SPRAGUE SCHOOL DISTRICT  
Baltic, Connecticut

**SPRAGUE PUBLIC SCHOOLS  
REPORT OF BULLYING FORM/INVESTIGATION SUMMARY**

**For Staff Use Only:**

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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: \_\_\_\_\_

\_\_\_\_\_

Action of Reporter: \_\_\_\_\_

5002A  
ATTACHMENT C  
STUDENTS

Administrative Investigation Notes (use separate sheet if necessary):

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Bullying Verified? Yes \_\_\_\_ No \_\_\_\_

Remedial Action(s) Taken: \_\_\_\_\_

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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 Invitations 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:

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If Bullying Verified, Has School Developed Student Safety Support/Intervention Plan?

Y      N

(Attach bullying complaint and witness statements. If bullying is verified, attach notification to parents of students involved, invitations to parent meetings, and records of parent meetings).

Adopted: January 11, 2012

Revised: August 12, 2015

Revised: April 11, 2018

SPRAGUE SCHOOL DISTRICT  
Baltic, Connecticut

**SPRAGUE PUBLIC SCHOOLS**  
**REPORT OF BULLYING/CONSENT TO RELEASE STUDENT INFORMATION**

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_

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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 Public Schools may wish to disclose the fact that this complaint has been filed in connection with investigation.

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

\_\_\_\_\_ I hereby give permission for the Sprague Public Schools to disclose the fact that a complaint concerning my child has been filed as part of its investigation of that complaint.

\_\_\_\_\_ I do **NOT** give permission for the Sprague Public Schools to disclose the fact that a complaint concerning my child has been filed as part of its investigation of that complaint.

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

\_\_\_\_\_  
Date

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

Adopted: January 11, 2012  
Revised: August 12, 2015  
Revised: April 11, 2018

