

NEW CANAAN PUBLIC SCHOOLS

PARENT/ GUARDIAN REPORT OF SUSPECTED BULLYING BEHAVIOR

Name of Person Completing Report: _____

Name of Child: _____

Today's Date: _____ Date of Incident(s): _____

Location(s): _____ Time(s): _____

An act that is direct or indirect and severe, persistent or pervasive, which (A) causes physical or emotional harm to an individual, (B) places an individual in reasonable fear of physical or emotional harm, or (C) infringes on the rights or opportunities of an individual at school. "Bullying" shall include, but need 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.

Describe what was observed by or reported to you. Include factual and detailed information about the incident. Please note relevant dates, times and places.

▪ What was observed by you or reported to you? _____

▪ List Participants and perceived role:

Actor: _____

Witness: _____

Target: _____

▪ Are you aware of any background/precursor to this incident? Yes No

If yes, describe what occurred, the approximate date(s) and location(s).

- Do you have knowledge of any previous incidents involving these students? Yes No

Witnessed?

Reported to you?

If yes, describe the behavior of concern, the approximate date(s) and location(s). _____

If "yes," was a report made to school staff? _____

If a report was made, to whom was it made and on what date? _____

Was the report verbal or written? _____

- Have you or anyone else made any attempts to resolve the problem?

Yes No If yes, describe the actions taken. _____

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**

Is there any other information that needs to be known to address your concern? _____

I certify that the above information and events are accurately depicted to the best of my knowledge or recollection.

Signature of Reporter

Date Submitted

Received By: _____

Date Received: _____

For Administrator use only

Policies to consider:

Bullying _____ Title IX _____ Title VI _____ 504/ADA _____
Harassment/Non-discrimination _____ Student Behavior _____