

**New Canaan Public Schools
Parent Report of Suspected Bullying Behavior**

Name of Person Completing Report: _____

Role (self, parent, teacher, peer, etc.): _____

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

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

Bullying is defined as: (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 district that: (1) causes physical or emotional harm to such student or damage to such student's property; (2) places such student in reasonable fear of harm to him/herself, or of damage to his/her property; (3) creates a hostile environment at school for such student; (4) infringes on the rights of such student at school; or (5) substantially disrupts the education process or the orderly operation of the school.

Bullying includes, but is not limited to a written, oral or electronic communication or a 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 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? (Note if knowledge is direct or indirect.)

Yes No

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 IVI ____ 504/ADA

____ Harassment/Non-discrimination ____ Student Behavior

