

VERNON PUBLIC SCHOOLS

VERNON CENTER MIDDLE SCHOOL

Suspected Bullying Incident Report Form

This report **MUST** be completed to document an incident of suspected bullying (*refer to Vernon Board of Education Policy #5131.911*) and turned into the school Principal/designee.

TODAY'S DATE: _____

NAME OF STUDENT VICTIM: _____

NAME OF ALLEGED OFFENDER: _____

PERSON COMPLETING THIS FORM: _____
(write anonymous if you'd like to report the information anonymously)

CONTACT INFORMATION (EMAIL/PHONE #): _____

PRINCIPAL/ASSISTANT PRINCIPAL OF VICTIM: _____

DATES OF INCIDENTS: _____

1. Describe the location where the incidents took place. Please be as specific as possible. For example, "between blocks 2 and 3, just outside the door of room 129."

2. Describe, in as much detail as possible, what happened:

3. List all witness names and grades:

4. List evidence of bullying if any (i.e., electronic communications, photos, etc. – attach evidence if possible):

Be sure to attach any supporting documentation/evidence/investigation.

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of person submitting form unless reporting anonymously

Date

Name of person receiving Bullying Complaint Form

Date

Thank You. This report will be followed up within two school/work days.