



PUTNAM PUBLIC SCHOOLS

Report of Suspected Bullying Behaviors or Teen Dating Violence Parent/Student/Staff Form

Name of Person Completing Report: _____

Date: _____

Target(s) of Behaviors/Violence:

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

Report Filed Against:

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.



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Indicate if there are any 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
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Have there been previous incidents (circle one)?	Yes	No
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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
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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
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