

Monroe Public Schools
Report of Bullying/Teen Dating Violence Form/Investigation Summary

<u>Student Reported as Victim:</u>	<u>Date of Incident:</u>
<u>Student Reported as Committing Act:</u>	<u>Time of Incident:</u>
<u>School:</u> <input checked="" type="checkbox"/> Check One <input type="checkbox"/> Masuk High School <input type="checkbox"/> Jockey Hollow <input type="checkbox"/> Fawn Hollow Elementary <input type="checkbox"/> Stepney Elementary <input type="checkbox"/> Monroe Elementary <input type="checkbox"/> Alternative High <input type="checkbox"/> STEM Academy	
<u>Location of Incident:</u> <input checked="" type="checkbox"/> Check One <input type="checkbox"/> Hallway <input type="checkbox"/> Classroom <input type="checkbox"/> Restroom <input type="checkbox"/> Lunch Room <input type="checkbox"/> Playground <input type="checkbox"/> Locker Room <input type="checkbox"/> Bus Stop <input type="checkbox"/> On Bus <input type="checkbox"/> Parking Lot <input type="checkbox"/> To/From School <input type="checkbox"/> School Sponsored Event <input type="checkbox"/> Gym <input type="checkbox"/> After School Program <input type="checkbox"/> Text/Phone/Internet/Social Media <input type="checkbox"/> Other _____	
Reporter Information: Anonymous student report <input type="checkbox"/> Staff Member report <input type="checkbox"/> Name _____ Parent/guardian report <input type="checkbox"/> Name _____ Student report <input type="checkbox"/> Name _____	
<u>Bullying Behaviors:</u> <input checked="" type="checkbox"/> Check One <input type="checkbox"/> Shoved/Pushed <input type="checkbox"/> Hit, Kicked, Punched <input type="checkbox"/> Threatened <input type="checkbox"/> Excluded <input type="checkbox"/> Hand Drawings/Cartoons/Notes <input type="checkbox"/> Stole/Damaged Possessions <input type="checkbox"/> Taunting/Ridiculing <input type="checkbox"/> Writing <input type="checkbox"/> Told Lies/False Rumors <input type="checkbox"/> Staring/Glaring <input type="checkbox"/> Inappropriate Touching <input type="checkbox"/> Demeaning Comments <input type="checkbox"/> Intimidation <input type="checkbox"/> Cyber-bullying using Text Messages/Website/Email/Other <input type="checkbox"/> Racial/Sexual/Religious/Disability Other _____	
<u>Teen Dating Violence:</u> <u>Circle One:</u> YES /NO	
Description of Alleged Act(s): _____ _____ _____ _____	

Time and Place:

Type of Bullying: Check One Verbal Physical: Result in injury? _____

Reported to School Nurse? Circle One: YES /NO Reported to Parent? Circle One YES/NO

Names of Potential Witnesses:

Student/Staff Interview notes:

For Staff Use Only:

Action of Reporter:

Administrative Investigation Notes (use separate sheet if necessary):

Bullying Verified: Yes _____ No _____
Teen Dating Violence Verified? Yes _____ No _____

Actions Taken: **Check One** **Consequences:** _____ **Parent Contact Date:** _____

Intervention Taken:

Prevention Strategies Taken:

Parents 1 Contacted: Name: _____ Number: _____ Date: _____
Time: _____ Person Making Contact: _____ Result: _____

Parents 2 Contacted: Name: _____ Number: _____ Date: _____
Time: _____ Person Making Contact: _____ Result: _____

Parents 3 Contacted: Name: _____ Number: _____ Date: _____
Time: _____ Person Making Contact: _____ Result: _____

Parents 4 Contacted: Name: _____ Number: _____ Date: _____
Time: _____ Person Making Contact: _____ Result: _____

Today's Date: _____ **Reported by:** _____ **Signature:** _____

Monroe Public Schools
Parent Report of Verified Bullying/Teen Dating Violence Form/Investigation Summary

Bullying Verified: Yes _____ No _____
Teen Dating Violence Verified? Yes _____ No _____

Student Reported as Victim: _____ Date of Incident: _____

Student Reported as Committing Act: _____ Time of Incident: _____

School: **Check One**
 Masuk High School **Jockey Hollow** **Fawn Hollow Elementary** **Stepney Elementary**
 Monroe Elementary **Alternative High** **STEM Academy**

Summary of the Incident:

Investigation Results:

School Response:

Consequence for further behavior:

Parents Contacted: Name: _____ Number: _____ Date: _____
Time: _____ Person Making Contact: _____ Summary Plan mailed date: _____

Today's Date: _____ **Reported by:** _____ **Signature:** _____

