Monroe Public Schools
Report of Bullying/Teen Dating Violence Form

<table>
<thead>
<tr>
<th>Student Reported as Victim:</th>
<th>Date of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Reported as Committing Act:</td>
<td>Time of Incident:</td>
</tr>
<tr>
<td>School: √ Check One</td>
<td></td>
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- Masuk High School
- Jockey Hollow
- Fawn Hollow Elementary
- Stepney Elementary
- Monroe Elementary
- Alternative High
- STEM Academy

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<tr>
<th>Location of Incident: √Check One</th>
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- Hallway
- Classroom
- Restroom
- Lunch Room
- Playground
- Locker Room
- Bus Stop
- On Bus
- Parking Lot
- To/From School
- School Sponsored Event
- Gym
- After School Program
- Text/Phone/Internet/Social Media
- Other_______________________________________________________________

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<tr>
<th>Reporter Information:</th>
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- Anonymous student report
- Staff Member report Name ________________________________
- Parent/guardian report Name ________________________________
- Student report Name ________________________________

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<tr>
<th>Bullying Behaviors: √Check One</th>
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- Shoved/Pushed
- Hit, Kicked, Punched
- Threatened
- Excluded
- Hand Drawings/Cartoons/Notes
- Stole/Damaged Possessions
- Taunting/Ridiculing
- Writing
- Told Lies/False Rumors
- Staring/Glaring
- Inappropriate Touching
- Demeaning Comments
- Intimidation
- Cyber-bulling using Text Messages/Website/Email/Other
- Racial/Sexual/Religious/Disability
- Other_______________________________________________________________
# Teen Dating Violence

**Circle One: YES / NO**

**Description of Alleged Act(s):**

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
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__________________________________________________________________________________________________

**Time and Place:**

**Type of Bullying: **

<table>
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<tr>
<th>Check One</th>
<th>Verbal</th>
<th>Physical: Result in injury?</th>
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<td>□</td>
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□ Reported to School Nurse?  Circle One: YES / NO  □ Reported to Parent?  Circle One YES/NO

**Names of Potential Witnesses:**

__________________________________________________________________________________________________
__________________________________________________________________________________________________

**Student/Staff Interview notes:**

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
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Submit to school office