

John Winthrop Middle School

Chester - Deep River - Essex

1 Winthrop Road, Deep River, Connecticut 06417

Tel. (860)-526-9546 Fax (860)-526-3721 www.reg4.k12.ct.us

William Duffy
Principal

Peter Foxen
Associate Principal

REPORT OF SUSPECTED BULLYING BEHAVIORS

Name of Person Completing Report: _____ Date: _____

Target(s) of Behaviors: _____

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

Report Filed Against: _____ Date of Incident(s): _____

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.

Based upon information provided, are there any other district policies implicated? Yes No

Explain:

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:

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Have there been previous incidents? (mark one)

Yes

No

If "yes", please describe the behavior of concern, the approximate dates and the location:

Were these incidents reported to school employees? (mark one)

Yes

No

If "yes", to whom were they reported and when?

Name:

Date:

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Was the report verbal or written? (mark one)

Written

Verbal

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