

**SERIES 5000 – STUDENTS
REPORT OF SUSPECTED BULLYING BEHAVIORS
OR TEEN DATING VIOLENCE (Continued)**

5310 – APPENDIX 1

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have there been previous incidents (circle one)? Yes No

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

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