

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

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**

Location of Incident: **Check One**
 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** _____

Reporter Information:
Anonymous student report
Staff Member report Name _____
Parent/guardian report Name _____
Student report Name _____

Bullying Behaviors: **Check One**
 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-bullying using Text Messages/Website/Email/Other **Racial/Sexual/Religious/Disability**
Other _____

Teen Dating Violence: Circle One: **YES /NO**

Description of Alleged Act(s):

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: _____

