

**WATERTOWN PUBLIC SCHOOLS
REPORT OF BULLYING FORM/INVESTIGATION SUMMARY**

School _____ Date _____

Location(s) _____

Reporter Information:

Anonymous student report _____

Staff Member report _____ Name _____

Parent/Guardian report _____ Name _____

Student report _____ Name _____

Student Reported as Committing Act: _____

Student Reported as Victim: _____

Description of Alleged Act(s): _____

Time and Place: _____

Names of Potential Witnesses: _____

For Staff Use Only:

Action of Reporter: _____

Administrative Investigation Notes (use separate sheet if necessary):

Bullying Verified? Yes ___ No ___

Remedial Action(s) Taken: _____

WATERTOWN PUBLIC SCHOOLS

Report of Bullying/Consent to Release Student Information

Date: _____

Name of Student: _____

School: _____

To Parent/Guardian:

A complaint of bullying has been filed on behalf of your child alleging that he/she has been the victim of bullying. In order to facilitate a prompt and thorough investigation of the complaint, the [_____] Public Schools may need to disclose the name of your child and/or other information which may otherwise disclose your child's identity.

(Please check one):

_____ I hereby give permission for the [_____] Public Schools to disclose my child's name, along with any other information necessary to permit the district to adequately and appropriately investigate such complaint, to third parties contacted by the district as part of its investigation.

_____ I do **NOT** give permission for the [_____] Public Schools to disclose my child's name, along with any other information necessary to permit the district to adequately and appropriately investigate such complaint, to third parties contacted by the district as part of its investigation.

Signature of Parent/Guardian Date

Name (Please print)