

May 23, 2016

**MANCHESTER PUBLIC SCHOOLS
REPORT OF ALLEGED BULLYING FORM/
INVESTIGATION SUMMARY**

(Please review Student Policy 5131.1 for further information on Bullying and School Climate)

School: _____ Date: _____

Reporter Information:

- Anonymous student
- Staff member (Name: _____)
- Parent/Guardian (Name: _____)
- Student (Name: _____)

Describe the alleged act of what happened:

Who committed the alleged bullying act? _____

Who was the target(s)? _____

Time(s) of day alleged act(s) happened: _____

Frequency of alleged bullying (Only once, daily, 2x/week, etc.): _____

Location alleged bullying occurred (If by electronic device, please specify type and if possible attach any supporting documents, usernames, etc.):

Please write the name(s) of any potential witness: _____

After completing the above information, please give this form to your building principal.

Parent/Guardian must also complete and attach the "Report of Bullying/Consent to Release Student Information" form when submitting this report to begin investigation.

Building Administrator Use Only:

Describe what action the reporter took (i.e. students were separated, office was called, police were called, etc.):

Administration Investigation Notes:

Was bullying verified? (If yes, you **must** do the following:) Yes No

- Parent/Guardian of victim(s) and perpetrator(s) were notified within 48 hours of conclusion of investigation. *Date:* _____
- The notification included the mandatory statutory privacy rights and due process rights of students. *Date:* _____
- Parent/Guardian of perpetrator(s) was notified of specific disciplinary consequences imposed. *Date:* _____
- Parent/Guardian of victim(s) and perpetrator(s) were invited to attend a meeting to review. *Date:* _____
(Meetings should be separate unless both parties agree and give consent to a joint meeting.)
- A Student School Safety Plan was developed. (Attach with this form)
- (If applicable) A case-by-case intervention plan was developed for repeat incidents against a single individual or recurrently perpetrated bullying incidents by the same individual which may include counseling, etc.
- (If applicable) The Manchester Police Department was notified.
- ESchool and the principal's records have been updated and reflect the verified act of bullying.
- A copy of this form was forwarded to the District School Climate Coordinator and Director of Pupil Personnel Services.
- Other: _____

Administrator Signature: _____ Date: _____

MANCHESTER 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 Manchester 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 Manchester 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 Manchester 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)

Manchester Public Schools

Student Safety Plan

The below student has been identified as a victim of substantiated bullying. New state law and school policy requires there must be a safety plan for named student.

If you have received a copy of this plan, you are responsible to read and implement this safety plan.

Student Name: _____ Grade: _____ School: _____

Primary Staff /Contact Person: _____ Classroom Teacher/Team Leader: _____

Plan Start Date: _____ Plan End Date: _____ Plan Review Date: _____

A. School/Staff (Check all that apply)

- All appropriate school staff will be informed of this plan and will make every effort to implement successfully.
- Any staff that becomes aware of or hears of any mean-spirited behavior against this student will intervene immediately and report it to the building principal.
- Mr./Ms. _____ has been designated as the primary point of contact (trusted adult) for this student.
- Mr./Ms. _____ has been informed about the situation and will keep the student and his/her aggressor separated in the classroom and during class activities.
- Classroom teachers have been informed about the situation and will keep students separated in the classroom and during staff activities.
- Security officers (or other appropriate staff) will be visible in hallways and monitoring the student during passing times.
- The student will visit _____ at a designated time daily to ensure that the plan is working. If student does not or cannot visit, the above designated person will locate and check with the student.
- The bus driver will be instructed to intervene and report any bus incidents immediately to the principal.
- The school will immediately report any mean-spirited behavior to the student's parents.
- Other: _____
- Other: _____

B. The Student (check all that apply)

- The student will not have face-to-face or electronic contact with perpetrator while this plan is in effect.
- The student will identify with the social worker/guidance counselor who his/her safe and trusted friend is.
- The student will remain as close as possible with his/her trusted friend during the school day.
- The student will visit _____ on a daily basis at _____
_____ to check to see that the plan is working.
- The student will share all passwords and "friend" his parents on all social networking sites so his/her parents can monitor.
- The student will report any mean behavior immediately to his/her trusted adult, teacher or parents.
- Other: _____
- Other: _____

Parent/Family (Check all that apply)

- The parents or other family members agree to support this student with this safety plan, monitor the use of technology and contact the school if the problem persists.
- Parents are welcome to contact the school to check on effectiveness of this plan.
- Other: _____
- Other: _____

All parties understand that if the mean-spirited behavior persists or escalates, law enforcement may need to be called.

This plan is in place from _____ through _____ at which time it will be reviewed, revised, discontinued, or continued, if necessary.

We agree to the above safety plan:

Student

Parent

Principal

Other

Completed/Modified/Extended _____
Date