

**THOMPSON PUBLIC SCHOOLS**

**REPORT OF SUSPECTED BULLYING BEHAVIORS**

**(School Employees Should File with the School Principal)**

**(Parents and Students May File with the School Principal or Any Other School Employee)**

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.

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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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**Legal References:**

Conn. Gen. Stat. § 10-222d

Conn. Gen. Stat. §§ 10-233a through 10-233f

Connecticut State Department of Education Circular Letter C-8,  
Series 2008-2009 (March 16, 2009)

**Date Adopted:**            December 9, 2002

*Date Revised:*            *January 14, 2013*