

Student Conflict Reporting Form

Griswold High School

267 Slater Ave.

Griswold, CT 06351

Phone (860) 376-7630 Fax (860) 376-7631

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.

Mean spirited behavior can seriously impact the ability of a person to feel safe and comfortable at school. Any act of bullying or threatening and intimidating behavior will not be tolerated. This form should be used to report to administration any alleged acts of bullying, harassment, intimidation, or dating violence. All incidents reported will be fully investigated, but not every incident will result in school discipline, depending on the specific facts of each case.

Definition of Bullying—any overt acts by a student or a group of students directed against another student with the intent to ridicule, harass, humiliate or intimidate the other student while on school grounds, at a school-sponsored activity or on a school bus where acts are repeated more than once against any student during the school year.

Definition of Dating Violence- any act of physical, emotional, or sexual abuse, including stalking, harassment and threatening that occurs between two students who are currently in or who have recently been in a dating relationship.

Today's Date: ___/___/_____

Person Reporting Incident (Optional): Name _____ Telephone (____)____ - _____
Email _____

Circle appropriate title: Faculty/Staff Involved Student Observing Student Parent/guardian Family Member

1. Name of Student _____ (please print) Age _____

2. Name(s) of alleged aggressor(s) (If known) (please print)	School (If known)	Is (s)he a student?

3. On what date(s) did the incident happen? ___/___/_____, ___/___/_____, ___/___/_____
Mo. Day Year Mo. Day Year Mo. Day Year

4. Where did the incident happen (choose all that apply)?

- | | | |
|---------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> On school property | <input type="checkbox"/> At a school-sponsored activity or event off school property | <input type="checkbox"/> Cyber-bullying |
| <input type="checkbox"/> On a school bus | <input type="checkbox"/> On the way to/from school | <input type="checkbox"/> Outside of school |

5. Place an X next to the statement(s) that best describe what happened (choose all that apply):

- Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening, in person or by other means
- Demeaning and making the victim the subject of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Intimidating, extorting, or exploiting
- Spreading harmful rumors or gossip
- Other (specify) _____

6. What did the alleged aggressor(s) say or do? (be specific)

Lined area for writing the answer to question 6.

(Attach a separate sheet if necessary)

8. List witness(es) that were present: _____

9. Did a physical injury result from this incident? Place an X next to one of the following:

- No
 - Yes, but it did not require medical attention
 - Yes, and it required medical attention
10. Is there any additional information you would like to provide?

Lined area for writing the answer to question 10.

(Attach a separate sheet if necessary)

I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge.

_____/_____/_____
Signature *Date* *(Optional) Student Signature* *Date*

_____/_____/_____
Received by *Date*