

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

School _____ Date _____

Location(s) _____

Reporter Information:

Anonymous student report	_____	Name	_____
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 ___ Teen Dating Violence Verified? Yes ___ No ___

Remedial Action(s) Taken: _____

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(continued)

If Bullying or Teen Dating Violence Verified, Report Sent to Parents of Students?

Parents' Names: _____

Date Sent: _____

Parents' Names: _____

Date Sent: _____

Parents' Names: _____

Date Sent: _____

Parents' Names: _____

Date Sent: _____

(Attach bullying complaint, or teen dating violence complaint, witness statements, and notification to parents of students involved if bullying/teen dating violence is verified)