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School Committee Members
Katherine M. Patenaude
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David Florio
Vice-Chairperson, District 4
Ann M. Dickson, Ed.D
Member, District 1
Donna M. Kalunian
Member, District 3
James P. Pierson
Member, District 5

REPORT FORM
(Bullying and/or Cyberbullying)

Name: _____ Student ID: _____ Grade: _____
Date: _____ Time: _____ School: _____

Please answer the following questions about this reporting incident:

List the name of the alleged bully, and/or cyberbully. If name is not known, provide any other identifiable information: _____

Relationship between you and the alleged bully, and/or cyberbully: _____

Describe the incident: _____

When and where did it happen? _____

Were there any witnesses? [] yes [] no If yes, who? _____

Other information, including previous incidents or threats:

Student or parent declines to complete this form: Initial: _____ Date: _____

I certify that all statements made in the complaint are true and complete. Any intentional false statement of fact will subject me to appropriate discipline. I authorize school officials to disclose the information I provide only as necessary in pursuing the investigation. Signatures:

Student: _____ Date: _____

School official receiving complaint: _____ Date: _____

School official conducting follow-up: _____ Date: _____

This document shall remain confidential