

Bloomfield 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: _____
