

NEW HAVEN PUBLIC SCHOOLS
External School Bullying Summary Report
(FOR Target's Parents)

To be completed and sent to District School Climate & Title IX Coordinator

TARGET'S NAME: _____ Student Other
STUDENT: School Attending _____ Regular Special Education 504

D.O.B.: ___/___/___ **Age:** ___ **Grade:** _____

Parent /Guardian: _____ **Phone:** _____ **Email:** _____

OTHER: School: _____ **Position:** _____

Phone: _____ **Email:** _____

Address: _____ **City:** _____ **State:** ___

Manner of offense: Verbal Sexual Physical Racial Bias Cyber Gender

Location of incident(s) (check as applicable):

- On school property At a school-sponsored activity or event off school property
- On a school bus On the way to/from school/at school bus stop
- Off school grounds Via electronic communication via district provided technology
- via personal technology Other (specify) _____

Description of incident: _____

Parents notified of initiation of investigation Date: ___/___/___

Parents notified of results of investigation Date: ___/___/___

Meeting invite Date: ___/___/___ Meeting Date: ___/___/___

Reporter's Signature: _____ **Date:** ___/___/___