Enfield 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: _______________________________________________

Rev. 5/2022
9/9/22