

# School Administrative Unit No. 28

## Pelham School District Pupil Safety and Violence Prevention

Notification of this report must be provided to the parents/guardians of alleged perpetrators and victims within 48 hours of receipt by the school administration.

\_\_\_\_\_  
Name of Person Reporting Incident

\_\_\_\_\_  
Role of Person Reporting Incident

\_\_\_\_\_  
Name of Person Who Allegedly  
Bullied Someone

\_\_\_\_\_  
Name of Person Who was Allegedly Bullied

\_\_\_\_\_  
Other Individuals Involved in Incident

Department/Facility/School: \_\_\_\_\_

Time(s) \_\_\_\_\_ Date(s) \_\_\_\_\_ Place(s) \_\_\_\_\_

Name(s) of witnesses or others who may have reliable, relevant information regarding the situation:

\_\_\_\_\_  
\_\_\_\_\_

Describe the incident as clearly as possible including what force, if any, was used, any verbal statements, and any physical contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any actions that have already been taken to address the situation if applicable:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time Submitted: \_\_\_\_\_

**(For Office Use Only)**      **Date and Time Received:** \_\_\_\_\_