

**WESTON PUBLIC SCHOOLS  
WESTON, CONNECTICUT  
BULLYING REFERRAL FORM**

\_\_\_\_ Hurlbutt      \_\_\_\_ WIS      \_\_\_\_ WMS      \_\_\_\_ WHS

Name of person completing form (optional for students) \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
\_\_\_\_\_ Date report completed: \_\_\_\_\_

Name(s) of victim(s)/target: \_\_\_\_\_  
Name(s) of aggressor(s): \_\_\_\_\_  
Name(s) of potential student or staff witnesses \_\_\_\_\_

How did you become aware of this situation?

\_\_\_\_ Informed by the victim(s)/targets  
\_\_\_\_ Informed by student(s) not directly involved in this event  
\_\_\_\_ Witness  
\_\_\_\_ Other \_\_\_\_\_

When did these events occur?      Date \_\_\_\_\_      Time \_\_\_\_\_  
Where did these events occur? \_\_\_\_\_

Number of incidents/events of which you are aware. \_\_\_\_\_

Did you witness this more than once, when?      Dates \_\_\_\_\_      Times \_\_\_\_\_

Where did this event occur? \_\_\_\_\_

Briefly describe what occurred and indicate which of the following apply.

Verbal      Physical      Racial      Sexual      Religion      Other (please describe below)

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

Name (optional) \_\_\_\_\_ Date \_\_\_\_\_