

## HARPURSVILLE CENTRAL SCHOOL DISTRICT INCIDENT REPORTING FORM

**Directions:** The Harpursville Central School District is committed to providing a safe environment to all members of our community. Despite our best intentions, incidents between students do occur at times. If you wish to report a disturbing incident between two or more students, complete this form and return it to the Principal at the student's school. Contact the school for additional information or assistance at any time. This form can be completed anonymously by omitting signature and name. Every reported act of bullying will be investigated. Parents of aggressors and targets will be contacted in cases of confirmed bullying.

<b>Date of report:</b>			
<b>Name of student target:</b>	Age:	Grade:	School :
<b>Name(s) of alleged aggressor(s) (If known):</b>	Age:	Grade:	School :
<b>Name(s) of witness(es) (If known):</b>			
<b>Where did the incident(s) happen (choose all that apply)?</b>			
<input type="checkbox"/> On school property <input type="checkbox"/> At a school-sponsored activity or event off school property <input type="checkbox"/> Online/via technology <input type="checkbox"/> On a school bus <input type="checkbox"/> On the way to/from school <input type="checkbox"/> Other: _____			
<b>What best describes what happened (choose all that apply):</b>			
<input type="checkbox"/> Teasing <input type="checkbox"/> Threat/Property Damage <input type="checkbox"/> Stalking <input type="checkbox"/> Theft/Property Damage <input type="checkbox"/> Social exclusion <input type="checkbox"/> Intimidation <input type="checkbox"/> Physical violence <input type="checkbox"/> Public humiliation <input type="checkbox"/> Retaliation <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Other: _____			
<b>What did the alleged aggressor(s) say or do? (Include dates. Attach a separate sheet if necessary)</b>			
<b>Did a physical injury result from this incident?</b>			
<input type="checkbox"/> No <input type="checkbox"/> Yes, but it did not require medical attention <input type="checkbox"/> Yes, and it required medical attention			
<b>Is there any additional information you would like to provide? (Attach a separate sheet if necessary)</b>			
<b>Name Of Person Reporting Incident (Optional):</b>			
Telephone (optional) _____ E-mail (optional): _____			
Place an X in the appropriate box: <input type="checkbox"/> Student <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Other: _____			
Signature: _____ Date: _____			
<b>Administrative Action Taken:</b> _____ <b>Date:</b> _____			
Administrator: _____			