

Report # _____ (assigned by the principal's office)

Pine Bush Central School District

Dignity for All Students: Bullying, Cyberbullying, Harassment, and Hazing Report Form

Bullying is intentional, harmful behavior initiated by one or more students and directed towards another student. Bullying exists when a student with more social and/or physical power deliberately dominates and harasses another who has less power. Bullying is unjustified and typically repeated.

Please complete and return this form to the **principal or DASA Coordinator**.

Part 1-Complaint

1. Date the report is being filled out:	
2. Name of Person Filing the Report:	
3. Identification of person reporting incident:	<input type="checkbox"/> I am the target of bullying, harassment or hazing <input type="checkbox"/> I witnessed bullying, harassment or hazing <input type="checkbox"/> I was told about an incident of bullying, harassment or hazing
4. The Best Way(s) to Reach Me: (Fill Out All That Apply)	Phone number: Email:
5. Alleged target(s) Identification: List all the names of students who are being targeted in this bullying, cyberbullying, harassment or hazing incident. (attach additional information if necessary)	<input type="checkbox"/> I am the target of bullying, harassment or hazing and I am in _____ grade <input type="checkbox"/> Target(s) name(s) and grade(s) are: 1. Name and grade: _____ 2. Name and grade: _____ 3. Name and grade: _____
6. Alleged person (s) committing the bullying, cyberbullying, harassment, or hazing: (attach additional information if necessary)	1. Name _____ <input type="checkbox"/> student or <input type="checkbox"/> adult 2. Name _____ <input type="checkbox"/> student or <input type="checkbox"/> adult 3. Name _____ <input type="checkbox"/> student or <input type="checkbox"/> adult
7. I would best describe the incident(s) as related to the target's: (check all that apply)	<input type="checkbox"/> actual or perceived race <input type="checkbox"/> color <input type="checkbox"/> weight <input type="checkbox"/> national origin <input type="checkbox"/> ethnic group <input type="checkbox"/> religion <input type="checkbox"/> religious practice <input type="checkbox"/> disability <input type="checkbox"/> sex <input type="checkbox"/> sexual orientation <input type="checkbox"/> gender identity <input type="checkbox"/> other perceived characteristics
8. The incident(s) have occurred in the following location(s): (Check all that apply)	<input type="checkbox"/> classroom <input type="checkbox"/> hallway/locker <input type="checkbox"/> cafeteria <input type="checkbox"/> playground <input type="checkbox"/> school bus <input type="checkbox"/> gymnasium/locker room <input type="checkbox"/> library <input type="checkbox"/> at an off-campus school event <input type="checkbox"/> electronically <input type="checkbox"/> athletic field <input type="checkbox"/> school entrance/exit <input type="checkbox"/> computer lab <input type="checkbox"/> off school property <input type="checkbox"/> parking lot <input type="checkbox"/> other

<p>9. The incident(s) has/have involved the following: (Check all that apply)</p>	<p><input type="checkbox"/> Physical (direct)—hitting; punching; tripping; kicking; pushing; scratching; ganging up; extortion; damaging property</p> <p><input type="checkbox"/> Social/Relational---excluding or threatening to exclude; spreading rumors/gossiping; ostracizing; alienating; using threatening looks/glances</p> <p><input type="checkbox"/> Verbal (direct)---name calling; teasing; intimidating; threatening; taunting; making offensive or discriminatory remarks (rude and or lewd)</p> <p><input type="checkbox"/> Cyberbullying---sending insulting messages or threats by email, text messaging, chat rooms, etc.</p>
<p>10. Please describe the bullying, cyberbullying, harassment or hazing. Describe what was said and/or done and by whom. Attach any evidence and an additional sheet for description of the incident if applicable:</p>	<p>Is this the first time this has happened? <input type="checkbox"/>yes <input type="checkbox"/>no <input type="checkbox"/> unsure</p> <p><input type="checkbox"/> Date(s) and time(s) of the incident(s) _____</p> <p>Description of incident(s):</p>
<p>11. Other Witnesses: Please identify any other people who may have witnessed the incident(s) (Attach additional sheet if necessary)</p>	<p>1. _____ <input type="checkbox"/>student <input type="checkbox"/>adult</p> <p>2. _____ <input type="checkbox"/>student <input type="checkbox"/>adult</p> <p>3. _____ <input type="checkbox"/>student <input type="checkbox"/>adult</p>
<p>12. Have you reported this situation to anyone else before this complaint?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, I reported this to _____ on _____</p> <p style="text-align: center;">Name date</p>
<p>13. Did the student require medical treatment as a result of this bullying, cyberbullying, harassment or hazing incident?</p>	<p><input type="checkbox"/> I don't know <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, here is what I know _____</p>
<p><i>I do hereby attest that this information is true, accurate and complete to the best of my knowledge.</i></p> <p>Signature: _____ Date _____</p> <p style="text-align: center;">Please STOP Filling form out, the next page is for administrative use</p>	