



ITHACA CITY SCHOOL DISTRICT

400 Lake Street, P.O. Box 549, Ithaca, New York 14851-0549

Dignity for All Students (Bullying, Harassment, and Hazing)

Bullying Reporting Form

Directions: Harassment, hazing, or bullying are serious and **will not be tolerated**. Please use this form to report alleged harassment, hazing or bullying that occurred on school property, at a school sponsored activity or event, on or off school property, on a school bus, or on the way to and/or from school. **Any person** (student, parent/caregiver, community member, faculty/staff member, etc.) **observing, or being the target** of bullying, hazing, harassment or perceived bullying, hazing, harassment activity **reports the observation. Please complete and return this form to the principal, associate principal, or DASA Coordinator at the students' school.** Contact the school for additional information or assistance.

*This report may be completed anonymously, but doing so may limit the follow up that can occur.

PERSON REPORTING INCIDENT* (PLEASE PRINT)

Name:		Telephone/Email Address:	
Relationship to Target:		Did you witness the incident?	

Today's Date:		Time(s) of Incident:	
Date(s) of Incident:			

Name of alleged target : _____

School (if known) _____ Grade/Age: _____

Name(s) of alleged offender(s) (if known):	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name(s) of possible witness(es):	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where did the incident happen? Choose all that apply:

- Classroom
 Playground / Recess
 Field Trip
 Cafeteria
 School Bus
 Library
 Hallway
 On the way to / from school
 Electronically/Cyberspace
 Athletic Event

Other: _____

Place an (X) next to the statement(s) that best describe what happened. Choose all that apply:

- Hitting, kicking, shoving, spitting, hair pulling, or throwing something

- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening, in person or by other means
- Demeaning remarks or student being made the target of joke(s)
- Making rude or threatening gestures
- Excluding or rejecting the student, or asking another person to turn against a student
- Intimidating (bullying), extorting, or exploiting
- Spreading harmful rumors or gossip
- Electronic bullying
- Other: _____

What did the alleged offender(s) say or do? Explain in the space provided below.

Is this the first time? Yes No
 If not, what happened previously?

Did a physical injury result from this incident?

- No Yes (no medical attention needed) Yes (medical attention needed) Evaluation by school nurse
- Other medical intervention (please specify) _____

Is there any additional information you would like to provide? Explain in the space provided below.

Signature*: _____ Date: _____

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Please complete and return this form to the principal, associate principal, or DASA Coordinator at the students' school.

Please do NOT type/write below this line:

Report received:

Case Number:

Confidential copies sent to:

Student Code Violation occurred: YES NO

Follow up actions planned and outcomes, including staff member responsible for each action: