

# SPENCERPORT CENTRAL SCHOOL DISTRICT

## Harassment, Intimidation, or Bullying Incident Report Form (A)

In the Spencerport Central School District, incidents of harassment, intimidation, or bullying are taken very seriously and are not tolerated. It is important to work with your school, including teachers, counselors, administrators, etc. to ensure that they are aware of the problem and are able to address situations related to harassment, intimidation, or bullying without delay.

Bullying is defined as purposeful, aggressive, negative, repeated, and unwelcomed harassment and/or attacks on others where there is an imbalance of power and can include behaviors such as physical violence, verbal taunts, name-calling and put-downs, or threats and intimidation. This also includes cyber-bullying (bullying using electronic means).

Today's Date: \_\_\_\_\_ Name of School: \_\_\_\_\_

Person Reporting Incident (optional): ☐ Student ☐ Parent/Guardian ☐ School Staff Member ☐ Other

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

On what date and time did the incident happen: \_\_\_\_\_

Time of incident: ☐ During regular school hours ☐ Before/after school hours

Where did the incident happen?

- ☐ On School Property ☐ Off School Property (creates risk of disruption within school learning environment)  
☐ At School Function Off Grounds ☐ On School Transportation  
☐ On Way To/From School ☐ Other (please describe): \_\_\_\_\_

Identify name, grade and age of target (s):

Target/Victim first and last name	Grade	Age	School	Student	Staff	Other

Identify name, grade and age of alleged offender(s), if known

Name of Alleged Offender(s), if known	Grade	Age	School	Student	Staff	Other

What happened? What did the alleged offender(s) say or do? (Attach a separate sheet, if necessary)

I have already talked with the following: ☐ teacher ☐ counselor ☐ school administrator. (Check all that apply)

For Office Use Only

Name of School Official reviewing Form A: \_\_\_\_\_

☐ Founded (Referral completed in Infinite Campus) ☐ Unfounded/Conflict

*If founded, please fill out Form B*

When and what was the outcome of this contact?