



# SPENCERPORT CENTRAL SCHOOL DISTRICT

71 Lyell Avenue- Spencerport, NY 14559

## 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: \_\_\_\_\_

Where did the incident happen?  
\_\_\_ On school property \_\_\_ On a school bus \_\_\_ At a school sponsored activity event off school property  
\_\_\_ On the way to/from school \_\_\_ Other (please describe): \_\_\_\_\_

Name of Student Target: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Alleged Offender(s), if known	Grade	Age	School	Is he/she a student?

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

I have already talked with the: \_\_\_ 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?