

Minisink Valley Central School District
Bullying, Harassment, or Intimidation
Reporting Form

Directions: Bullying, intimidation, and/or harassment are serious acts and will not be tolerated. If you are a student, the parent/guardian of a student, a volunteer or visitor, and wish to report an incident of alleged harassment, intimidation, and/or bullying, complete this form and return it to the School Dignity Act Coordinator (DAC). All school employees are required to report alleged violations. Contact the school for additional information or assistance at any time. Every reported act of bullying, intimidation, and/or harassment will be investigated.

Today's date: ____ / ____ /20____

Person Reporting Incident: Name _____

Place an in the appropriate box: Faculty/Staff Student Parent/guardian Family Member

1. Name of student victim _____ Grade _____
(Please print)

2. Name(s) of alleged offender(s) (If known) (Please print)	Grade

3. On what date(s) did the incident happen? ____ / ____ /20____ ____ / ____ /20____ ____ / ____ /20____
Mo. Day Year Mo. Day Year Mo. Day Year

4. Where did the incident happen (choose all that apply)?

- On school property At a school-sponsored activity or event off school property Cyber-bullying
 On a school bus On the way to/from school Outside of School

5. Place an X next to the statement(s) that best describes 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 and making the victim of jokes
- Making rude and/or threatening gestures
- Excluding or rejecting the student
- Intimidating (bullying), extorting, or exploiting
- Spreading harmful rumors or gossip
- Other (specify) _____

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6. What did the alleged offender(s) say or do? _____

_____ (Attach a separate sheet if necessary)

7. Do you have any information to share about why the bullying, intimidation, or harassment occurred?

_____ (Attach a separate sheet if necessary)

8. List witness(s) that were present: _____

9. How did you learn about the bullying? _____

10. Is there any additional information you would like to provide? _____

_____ (Attach a separate sheet if necessary)

I hereby certify that the information I have provided in this complaint is true, and correct and complete to the best of my knowledge.

Signature

____/____/20____
Date

Received by

____/____/20____
Date

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g.
All incidences will be investigated, but not every incident will result in school discipline.