

**Greene Central School District
INCIDENT REPORTING FORM**

Directions: The Greene Central School District is committed to providing a safe environment to all members of our community. Despite our best intentions, incidents between students do occur at times. If you wish to report a disturbing incident between two or more students, complete this form and return it to the Principal at the student's school. Contact the school for additional information or assistance at any time. This form can be completed anonymously by omitting signature and name. Every reported act of bullying will be investigated. Parents of aggressors and targets will be contacted in cases of confirmed bullying.

Name of reporting Teacher:	Date of Report:		
Name of student target:	Age:	Grade:	School:
Name(s) of alleged Aggressor(s) (If known)	Age:	Grade:	School:

Name(s) of witness (es) (If known)

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

On school property
 At a school sponsored activity or event off school property
 Online / via technology
 On a school bus
 On the way to / from school

What best describes what happened (choose all that apply):

Teasing
 Threat / Property Damage
 Stalking
 Theft / Property Damage
 Social Exclusion
 Intimidation
 Physical Violence
 Public Humiliation
 Retaliation
 Sexual Harassment
 Other: _____

What did the alleged aggressor(s) say or do? (Include dates. Attach a separate sheet if necessary)

Did a physical injury result from this incident?

No
 Yes, but did not require medical attention
 Yes, and it required medical attention

Is there any additional information you would like to provide? (Attach a separate sheet if necessary)

Name of Person Reporting Incident (Optional):

Telephone (optional) _____ E-mail (optional) _____

Place an "x" in the appropriate box:
 Student
 Parent / guardian
 Other _____

Signature: _____

Administrative Action Taken: _____ **Date:** _____

Administrator: _____