

Wappingers Central School District

HARASSMENT, BULLYING, DISCRIMINATION REPORTING FORM

Today's Date: _____ Name of School: _____

Person Reporting the Incident is a (check one): _____ Student _____ Parent/Guardian _____ Staff Member _____ Other

Name: _____ Phone Number: _____ Email: _____

On what date(s) did the incident(s) happen? _____

Where did the incident(s) happen? _____

Name of Student Target: _____

Grade: _____

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

Name of Possible Witnesses	Grade	School	Is he / she a student?

Describe nature of alleged harassment, intimidation or bullying. Include any gestures, relevant verbal, written or physical act(s), or any written or electronic communication. (Attach a separate sheet if necessary)

I have already talked with the _____ teacher; _____ counselor; _____ administrator; _____ other (check all that apply)

When and what was the outcome of this contact?

What observable changes have you seen, if any, in the student since the time the reported incident(s) occurred: (i.e., attendance, grades, social engagement, feelings about self and others, anti-social behaviors, self-destructive behaviors, withdrawal, depression, etc.)?

(For office use only) Received by: _____

Date: _____