

Phelps-Clifton Springs Central School District

Where students soar to success



The Phelps-Clifton Springs Central School District Board of Education is committed to providing a safe and orderly school environment where students may receive and district personnel may deliver quality educational services without disruption or interference. Responsible behavior by students, teachers, other district personnel, parents and other visitors is essential to achieving this goal.

Harassment/bullying means the creation of a hostile environment by conduct or by threats, intimidation or abuse, including cyberbullying that:

- a) has or would have the effect of unreasonably and substantially interfering with a student's educational performance, opportunities or benefits, or mental, emotional or physical well-being; or
- b) reasonably causes or would reasonably be expected to cause a student to fear for his or her physical safety; or
- c) reasonably causes or would reasonably be expected to cause physical injury or emotional harm to a student; or
- d) occurs off school property and creates or would foreseeably create a risk of substantial disruption within the school environment, where it is foreseeable that the conduct, threats, intimidation or abuse might reach school property. For purposes of this definition, the term "threats, intimidation or abuse" shall include verbal and non-verbal actions.

To report any issue of harassment/bullying, please complete this form and return it to the building administrator/staff for appropriate action.

DATE _____ **NAME OF SCHOOL** _____

Which category best describes you: _____ student _____ parent/guardian _____ staff _____ other

Name (optional) _____ Phone number _____ Email: _____

Date and time of the incident _____

Location of the incident _____

Name of student(s)/person targeted: _____

Grade _____

Name(s) of alleged offender(s) (if known) _____

Is the offender a student? _____ employee? _____

Please describe the incident and provide as many details as possible:

(For building use only)

Date _____

Incident reviewed by:

Name _____ Title _____

Findings Confirmed Unconfirmed (attach fact-finding notes)

Check all the characteristics of the incident that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Weight/other physical characteristics | |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Gender/identity expression |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Religious practice | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Disability | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Other | | |

Action taken: _____

Check all incident types that apply:

- Involving intimidating or abuse, but no verbal threat or physical contact
- Involving verbal threats, but no physical contact
- Involving physical contact, but no verbal threat
- Involving verbal threat and physical contact
- Involving only student offenders