

WILLIAM FLOYD UNION FREE SCHOOL DISTRICT
Incident of Bullying, Discrimination & Harassment
Reporting Form
Please complete the entire form to the best of your ability

School Personnel Completing Form: _____ Position: _____
School: _____ Date: _____

Name of Person Reporting Incident: _____ Telephone: _____
Please check one: Student Student(witness/bystander) Parent/Guardian Close adult School Staff Other

1. Name of student targeted: _____ Age: _____ # of days absent due to incident: _____

2. Name(s) of alleged offenders if known	Age	M/F	School (if known)	Is he/she a student
				Yes or No
				Yes or No
				Yes or No
				Yes or No

Total number of alleged offenders: _____
Total number of student victims(z): _____
Total number of staff victims(aa): _____
Total number of other victims(bb): _____

INVESTIGATION:

3. Where did the alleged incident happen (choose all that apply):

- | | |
|---|---|
| <input type="checkbox"/> On School Property(t) | <input type="checkbox"/> At a school sponsored activity or event off school property(u) |
| <input type="checkbox"/> On a School Bus(t) | <input type="checkbox"/> On the way to or from school(t) |
| <input type="checkbox"/> During regular school hours(x) | <input type="checkbox"/> Off school property(v) |
| <input type="checkbox"/> Before/after regular school hours(y) | |

Date of incident: _____

4. Place an "X" next to the statement(s) that best describe what happened (choose all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Any bullying, harassment, or intimidation that involves physical aggression | <input type="checkbox"/> Spreading harmful rumors or gossip |
| <input type="checkbox"/> Getting another person to hit or harm the student | <input type="checkbox"/> Intimidating (bullying), extorting, or exploiting |
| <input type="checkbox"/> Teasing, name-calling, making critical remarks, or threatening, in person or by other means | <input type="checkbox"/> Excluding or rejecting the student |
| <input type="checkbox"/> Incident involving verbal threat but no physical contact | <input type="checkbox"/> Making rude and/or threatening gestures |
| <input type="checkbox"/> Incident involving only student offenders | <input type="checkbox"/> Demeaning and making the victim of jokes |
| <input type="checkbox"/> Incident involving both student and employee offenders | <input type="checkbox"/> Incident involving physical contact by no verbal threat |
| <input type="checkbox"/> Electronic Communication. (sexting/cyberbullying, etc.) (specify) _____ | <input type="checkbox"/> Incident involving only employee offenders |
| <input type="checkbox"/> Other (specify): _____ | |

5. Why did the bullying, harassment, or intimidation occur (alleged motives – choose all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Because of race (c) | <input type="checkbox"/> Because of ethnic group (d) | <input type="checkbox"/> Because of weight(m) |
| <input type="checkbox"/> Because of national origin (e) | <input type="checkbox"/> Because of color (f) | <input type="checkbox"/> To impress others |
| <input type="checkbox"/> Because of religion (g) | <input type="checkbox"/> Because of religious practice (h) | <input type="checkbox"/> Unknown reason |
| <input type="checkbox"/> Because of disability (i) | <input type="checkbox"/> Because of gender (j) | <input type="checkbox"/> Just to be mean |
| <input type="checkbox"/> Because of sexual orientation (k) | <input type="checkbox"/> Because of sex (l) | |
| <input type="checkbox"/> Other reason (n) (specify) _____ | | |

6. Additional pertinent information gained during the interview (attached a separate sheet of paper if necessary):

7. Investigator notes (attached a separate sheet of paper if necessary):

8. Parent Contacted: Date: _____ Time: _____ Follow-up Date: _____

9. DASA/Conflict/Other (please circle one)

OFFICAL USE ONLY

Demographics

Offender:	Male/Female	Race: W/B/H/L/Asian/American Indian/Multiracial/Native Hawaiian/Pacific Islander	Sp. Ed.
Victim:	Male/Female	Race: W/B/H/L/Asian/American Indian/Multiracial/Native Hawaiian/Pacific Islander	Sp. Ed

1. What actions were taken to investigate this incident? Choose all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Interviewed student victim | <input type="checkbox"/> Interviewed teachers and/or school staff |
| <input type="checkbox"/> Interviewed alleged offender(s) | <input type="checkbox"/> Interviewed student/victims parent or guardian |
| <input type="checkbox"/> Interviewed Witnesses | <input type="checkbox"/> Interviewed alleged offender's parent/guardian |
| <input type="checkbox"/> Witness statements collected in writing | <input type="checkbox"/> Examined physical evidence |
| <input type="checkbox"/> Interviewed school nurse | <input type="checkbox"/> Conducted student record review |
| <input type="checkbox"/> Reviewed any medical information available | <input type="checkbox"/> Obtained copy of police report |
| <input type="checkbox"/> Other (specify): _____ | |

2. What corrective actions were taken in this case (choose all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> None required/not DASA | <input type="checkbox"/> None, incident did not warrant corrective action | <input type="checkbox"/> Student Warning |
| <input type="checkbox"/> Student Conference | <input type="checkbox"/> Counseling (ff) | <input type="checkbox"/> Letter of Apology |
| <input type="checkbox"/> Mediation | <input type="checkbox"/> Parent conference | <input type="checkbox"/> Parent Letter |
| <input type="checkbox"/> Parent phone call | <input type="checkbox"/> Out-of school suspension (ii) | <input type="checkbox"/> Detention |
| <input type="checkbox"/> In-school suspension (hh) | <input type="checkbox"/> Contract | <input type="checkbox"/> Privileges lost |
| <input type="checkbox"/> Schedule modification | <input type="checkbox"/> Administrative conference | <input type="checkbox"/> Behavior Plan |
| <input type="checkbox"/> Referrals to parent/guardian | <input type="checkbox"/> Justice System (ll) | <input type="checkbox"/> Alternate Placement (jj) |
| <input type="checkbox"/> Law Enforcement contacted (mm) | <input type="checkbox"/> False allegation | <input type="checkbox"/> Community Service(kk) |
| <input type="checkbox"/> Expulsion | | |
| <input type="checkbox"/> Other (specify) _____ | | |

3. Was DASA Founded? YES/ NO (please circle one)

a. IF YES above, is the student a 504 or does the student have an IEP? **YES/NO (please circle one)**

i. If YES, please email a copy of this form to Mr. Seeram (elementary) or Dr. Walker (secondary) immediately please copy Ms. Eileen Draghi.

ii. If NO, but the student has a 504 or IEP and is emotionally impacted, please email a copy of form to Mr. Seeram (elementary) or Dr. Walker (secondary) with how you perceive the students is being impacted, please copy Ms. Eileen Draghi.