

# CLINTON CENTRAL SCHOOL DISTRICT

## HARASSMENT, HAZING, AND BULLYING REPORTING FORM

0115-E

This form should be completed when any written, verbal, electronic communication, or physical act takes place based on a distinguishing characteristic when the intentional conduct or communication:

1. Interferes with a student's academic performance or participation in school-sponsored activities or an employee's work performance;
2. Creates an intimidating, hostile or offensive educational or work environment;
3. Harms a student or employee or damages the property of a student or employee;
4. Places a student or employee in reasonable fear of physical harm or damage to his/her property; or
5. Has the effect of substantially disrupting the orderly operation of the school.

PART I: TO BE COMPLETED BY THE REPORTING STUDENT					
<b>Date/Time:</b>		<b>Reporting Person:</b>			
<b>Name of Victims:</b>		<b>Alleged Perpetrators:</b>		<b>Witness(es), If Applicable:</b>	
<b>Type of Harassment, Hazing, or Bullying That Occurred (Please Select All That Apply:</b>					
<b>Physical</b>					
<input type="checkbox"/> Hitting	<input type="checkbox"/> Kicking	<input type="checkbox"/> Sexual gesturing or remarks	<input type="checkbox"/> Taking or damaging of your property		
<b>Written or Verbal</b>					
<input type="checkbox"/> Using words to berate, hurt, humiliate, intimidate, threaten, or maliciously spread rumors					
<b>Psychological</b>					
<input type="checkbox"/> Extortion	<input type="checkbox"/> Intimidation	<input type="checkbox"/> Spreading rumors	<input type="checkbox"/> Manipulating social relationships		
<input type="checkbox"/> Actively excluding a person from the peer group causing emotional harm					
<b>The Harassment, Hazing, or Bullying Was Based on Actual or Perceived Words or Actions Related To:</b>					
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Weight	<input type="checkbox"/> National Origin	<input type="checkbox"/> Creed	<input type="checkbox"/> Religion
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Sex	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Other
<b>Where Did The Harassment, Hazing, or Bullying Occur:</b>					
<b>Explain What Occurred:</b>					

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**Remedy, Outcome, or Resolution Sought by Student:**

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**PART II: TO BE COMPLETED BY THE COUNSELOR, PRINCIPAL, AND/OR DIGNITY ACT COORDINATOR**

Parents Contacted

Discipline Referral

Counseling Referral

**Outcome:**

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