



D-C-M-O BOCES BULLYING INCIDENT REPORTING FORM

DIRECTIONS: D-C-M-O BOCES 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 Dignity Act Coordinator. 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.

<u>NAME OF PERSON FILING REPORT:</u> _____		<u>DATE OF INCIDENT:</u> _____
<input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other: _____		<u>DATE OF REPORT:</u> _____
<u>NAME OF STUDENT TARGET:</u> _____	<u>GRADE:</u> _____	<u>HOME SCHOOL:</u> _____
<u>NAME(S) OF ACCUSED BULLIES:</u> _____	<u>GRADE(S):</u> _____	<u>HOME SCHOOL(S):</u> _____
<u>WHERE DID THE INCIDENT(S) OCCUR?</u> (choose all that apply). <input type="checkbox"/> On School Property <input type="checkbox"/> On the way to/from school <input type="checkbox"/> At a School Sponsored Activity/Event Off School Property <input type="checkbox"/> Online/Via Technology <input type="checkbox"/> Other _____		

<u>DESCRIBE THE INCIDENT</u> (Check all that apply) <input type="checkbox"/> Threat/Property Damage <input type="checkbox"/> Theft/Property Damage <input type="checkbox"/> Taunting <input type="checkbox"/> Stalking <input type="checkbox"/> Social Exclusion <input type="checkbox"/> Intimidation <input type="checkbox"/> Public Humiliation <input type="checkbox"/> Retaliation <input type="checkbox"/> Physical Violence <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Microaggression <input type="checkbox"/> Cyberbullying <input type="checkbox"/> Other _____	<u>NATURE OF THE INCIDENT</u> (Check all that apply) <input type="checkbox"/> Race <input type="checkbox"/> Ethnic Group <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Religion <input type="checkbox"/> Religious Practice <input type="checkbox"/> Disability <input type="checkbox"/> Gender <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Sex <input type="checkbox"/> Weight <input type="checkbox"/> Other _____
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WHAT DID THE ACCUSED BULLY/BULLIES DO OR SAY?

(Include dates. Attach separate sheet if necessary. Be specific.)

WHEN DID THE BULLYING TAKE PLACE? BE SPECIFIC; INCLUDE CLASS, TIME, DATE, ETC.

IS THERE ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE TO PROVIDE?

(Attach a separate sheet if necessary)

DID A PHYSICAL INJURY RESULT FROM THIS INCIDENT?

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

ACTION TAKEN BY REPORTER (Check all that apply)

- Separated Students
- Move Student Seating In Class
- Spoke With Students
- Completed Discipline Referral
- Called Home
- Referred to Administration
- Other (please be specific)

This form is to be confidentially maintained in accordance with the Family Education Rights and Privacy Act, 10 U.S.C 1232g.

SUBMIT VIA E-MAIL OR IN PERSON TO:

Stephen Perrin
Director of CTE
RWH Campus
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OR

Patti Gallaher
Director of Special Education
Chenango Campus
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