

Please return completed form to the DASA Coordinator

HARASSMENT, INTIMIDATION, OR BULLYING INCIDENT FORM

In the Red Hook Central School District, incidents of harassment, intimidation or bullying are taken very seriously and are not tolerated.

Today's Date: _____ Name of School: _____

Person Reporting Incident: __ Student __ Parent/Guardian __ Staff Member __ Other

Name: _____ Phone Number: _____ Email: _____

On what date did the incident happen? _____

Where did the incident happen? ___ on school property ___ on school bus ___ school sponsored event off school property ___ on the way to/from school _____ Other (specify)

Name of Student Target: _____ Grade: _____

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

| Name of Alleged Witnesses | Age | School | Is he/she a student? |
|---------------------------|-----|--------|----------------------|
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What happened? What did the alleged offender(s) say or do? (Attach a separate sheet if necessary)

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

When and what was the outcome of this contact?

(For office use only) Reviewed by: _____

Date: _____