

SUSQUEHANNA VALLEY CENTRAL SCHOOL DISTRICT

INCIDENT REPORTING FORM

Directions: The Susquehanna Valley Central School District 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 an incident between two or more students, complete this form and return it to the Dignity Act Coordinator or Principal at the student's school. 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 bullving.

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Date	of report:		
Name of student target:	Age:	Grade:	School:
Name(s) of alleged aggressor(s) (If known):	Age:	Grade:	School:
Name(s) of witness(es) (If known):			
Where did the incident(s) happen (choose all that apply)? ☐ On school property ☐ At a school-sponsored activity or event off school property ☐ Online/via technology ☐ On a school bus ☐ On the way to/from school ☐ Other:			
What best describes what happened (choose all that apply):			
☐ Teasing ☐ Threat/Property Damage ☐ Stalking ☐ Theft/Property Damage ☐ Social exclusion ☐ Intimidation ☐ Physical violence ☐ Public humiliation			
☐ Retaliation ☐ Sexual Harassment ☐ Other: What did the alleged aggressor(s) say or do? (Include dates. Attach a separate sheet if necessary)			
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Did a physical injury result from this incident? □ No □ Yes, but it did not require medical attention □ Yes, and it required medical attention			
Is there any additional information you would like to provide? (Attach a separate sheet if necessary)			
Name Of Person Reporting Incident (Optional):			
Telephone (optional): E-mail (optional):			
Place an X in the appropriate box: ☐ Student ☐ Parent/guardian ☐ Other:			
Signature:			
Administrative Action Taken: Date:			
Administrator:			