



**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 bullying.

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)

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: _____ Date: _____

Administrative Action Taken: _____ Date: _____
 Administrator: _____