# South Hadley Public Schools Bullying Incident Reporting Form

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g. Incident Report to be filed in the disciplinary record and incident entered into the electronic student management system.

**Directions:** Incidents of bullying/harassment/intimidation are serious offenses and will not be tolerated. If you are a student, the parent/guardian of a student, a volunteer or visitor, and wish to report an incident of alleged bullying/harassment/intimidation, complete this form and return it to the Principal or Administrative Designee at the student’s school. All school employees are required to report alleged violations. Contact the school for additional information or assistance at any time. This form can be completed anonymously by omitting signature and name and returning to the school main office or guidance department. Every reported act of bullying will be investigated, and parents/guardians will be informed.

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<table>
<thead>
<tr>
<th>Name of Student Target:</th>
<th>Grade/School:</th>
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<tr>
<th>Name(s) of Alleged Offenders</th>
<th>Grade</th>
<th>School</th>
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<th>Incident Date:</th>
<th>Approximate Time:</th>
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Where did the incident occur? (Check all that apply)

- School Bus/Stop
- To/From School
- Text/Phone/Internet/ Social Media
- School sponsored activity
- Event off school property
- School Grounds
- Other

What happened during the incident? (Check all that apply)

- Taunting
- Retaliation
- Threat
- Humiliation
- Intimidation
- Exclusion
- Stalking
- Physical Contact
- Extortion/Theft
- Cyber-bullying
- Other

Did a physical injury result from this incident? (Check one)

- No
- Yes, medical attention required ( ___ # of school days lost)
- Yes, medical attention NOT required

Did student miss school for emotional reasons?

- Yes ( ___ # of school days lost) No

Have there been other reported or non-reported incidents with the Alleged Aggressor(s) in the past?

- Yes No

If yes, describe those incidents in the space provided.

Describe this incident:

[Note any unreported incidents that may have occurred in the past (use the back of this sheet for additional space)]

Are you:

- Student
- Faculty/Staff
- Parent/Guardian
- Other: ____________

Leave blank if reporting anonymously.

Person reporting incident: (Please Print) ________________________________

If not a student, telephone/cell information: ________________________________

Signature: ________________________________ Date: ______________________