

Jefferson Central School Harassment, Bullying, and Discrimination Report Form

Report Date: _____

Name of individual making report (optional): _____

Date & Time of Incident: _____

Location of Incident (*Check all that apply*)

- | | | |
|---|---|---|
| <input type="checkbox"/> On school property | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> School Bus |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Gym | <input type="checkbox"/> Off School Property |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Locker Room | <input type="checkbox"/> Electronic Communication |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> At a School Function | <input type="checkbox"/> Other: _____ |

Who was involved? Offender(s): _____

Target(s): _____

What was your involvement in this incident?

- I was directly involved in this incident. I observed this incident. I heard about this incident.

Did anyone other than you witness the incident? _____

If yes, who? _____

Types of bias involved:

- | | | |
|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Weight/size | <input type="checkbox"/> Religious practice | <input type="checkbox"/> Sex |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Disability | <input type="checkbox"/> Other: _____ |

Type of incident (check all that apply):

- Physical contact
- Verbal contact
- Intimidation/Threat
- Social bullying
- Cyberbullying

Was the student absent as a result of the incident?

- No Yes Number of Days: _____

