

**Afton Central School District  
Bullying Incident Reporting Form**

Name of student or staff target:

Name of alleged aggressor(s):

Name of witness(es):

Where did the incident(s) happen (choose all that apply)?

On school property     At a school sponsored event or activity off school property     Online/cell phone/computer etc.

On the school bus     On the way to/from school     Gym     Locker room     Cafeteria  
 Recess

Hallway     Community     Classroom

Other: \_\_\_\_\_

What best described what happened (choose all that apply)?

Taunting     Social Isolation/Exclusion     Rumors     Intimidation     Threatening     Fighting  
 Theft

Property damage     Sexual harassment     Hazing     Public humiliation     Retaliation     Name calling

Involved a protected class     Extortion

Other: \_\_\_\_\_

What did the alleged aggressor(s) say or do. Please include the class, date, and time for each occurrence. Attach a separate sheet if necessary.

Did a physical injury result from the incident?

No     Yes, but did not require medical attention     Yes, and it required medical attention

Is there any additional information that you would like to provide? Attach a separate sheet if necessary.

Name of the person reporting (optional): \_\_\_\_\_

Date:

Telephone number (optional): \_\_\_\_\_ Email (optional): \_\_\_\_\_

Please check the appropriate space:  Parent/Guardian  Student  Other:

\_\_\_\_\_

