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:
________________________