Wappingers Central School District
HARASSMENT, BULLYING, DISCRIMINATION REPORTING FORM

Today’s Date: __________________________ Name of School: __________________________

Person Reporting the Incident is a (check one): _____ Student _____ Parent/Guardian _____ Staff Member _____ Other

Name: __________________________ Phone Number: ______________ Email: __________________________

On what date(s) did the incident(s) happen? __________________________

Where did the incident(s) happen? __________________________

Name of Student Target: __________________________ Grade: __________

<table>
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<tr>
<th>Name of Alleged Offender(s) if known</th>
<th>Grade</th>
<th>School</th>
<th>Is he / she a student?</th>
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Name of Possible Witnesses | Grade | School | Is he / she a student? |
---------------------------|-------|--------|------------------------|
|                           |       |        |                        |
|                           |       |        |                        |

Describe nature of alleged harassment, intimidation or bullying. Include any gestures, relevant verbal, written or physical act(s), or any written or electronic communication. (Attach a separate sheet if necessary)

I have already talked with the _____ teacher; _____ counselor; _____ administrator; ______ other (check all that apply)

When and what was the outcome of this contact?

What observable changes have you seen, if any, in the student since the time the reported incident(s) occurred: (i.e., attendance, grades, social engagement, feelings about self and others, anti-social behaviors, self-destructive behaviors, withdrawal, depression, etc.)?

(For office use only) Received by: __________________________ Date: __________________________