



# Sidney Central School District

## Bullying/Harassment Reporting Form

Name of person filing a report:

Student being targeted:

Date:

Grade Level:

Please explain in your own words what happened.

Please list the name or names of the accused bullies:

Where did the bullying take place? Please be specific – helpful information includes the school location or the alternate setting. For example, on the bus, a sports venue, your neighborhood, on-line or through a text message etc.

When did the bullying take place? Please be specific – helpful information includes the class, location, time, and date.

Has this person bullied you before (Select Yes or No)? If yes, please answer the next question?

Yes

No

Did you fill out a complaint form previously? If yes, please list the date:

**Administrative Use Only**

Date:

Action Taken by Administrator:

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Follow-up & Notes:

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Verified

Not Verified