

**TIOGA CENTRAL SCHOOL DISTRICT  
INCIDENT REPORTING FORM**

**Directions:** The Tioga Central School District is committed to providing a safe environment to all members of our community. Despite our best intentions, incidents between students do occur at times. If you wish to report a disturbing incident between two or more students, please print and complete this form, then return it to the Principal at the student's school. You may also contact the school for additional information or assistance at any time. Every reported act of bullying will be investigated. Parents of aggressors and targets will be contacted in cases of confirmed bullying.

**Date of Report:**

<b>Name of student target:</b>	<b>Age:</b>	<b>Grade:</b>	<b>School:</b>
<b>Name(s) of alleged aggressors (if known):</b>	<b>Age:</b>	<b>Grade:</b>	<b>School:</b>

**Name(s) of witness(es) (if known):**

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

On school property       At school-sponsored activity or event off school property  
 Online/via technology     On a school bus       Other: \_\_\_\_\_

**What best describes what happened (Choose all that apply)?**

Teasing                       Threat/Property Damage                       Public Humiliation                       Stalking  
 Social exclusion     Intimidation                       Physical violence                       Theft  
 Retaliation                       Sexual Harassment                       Other: \_\_\_\_\_

**What did the alleged aggressor(s) say or do? (Include dates. Attach a separate sheet if necessary)**

**Did a physical injury result from this incident?**

**If so, did it require medical attention?**

**Name of Person Reporting Incident:**

Telephone: \_\_\_\_\_ Check One:  Student  Parent/guardian  Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Action Taken: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_