

**STARPOINT CENTRAL SCHOOL DISTRICT
HARASSMENT, INTIMIDATION, OR BULLYING INCIDENT FORM**

Please return completed form to the DASA Coordinator

In the Starpoint Central School District, incidents of harassment, intimidation or bullying are taken very seriously and are not tolerated.

Today's Date: _____ Name of School: _____

Person Reporting Incident: _____ Student _____ Parent/Guardian _____ Staff Member _____ Other

Name: _____ Phone Number: _____ Email: _____

On what date did the incident happen? _____

Where did the incident happen? _____ on school property _____ on school bus _____ school sponsored event off school property _____ on the way to/from school _____ Other (specify)

Name of Student Target: _____ Grade: _____

Name of Alleged Offender(s) if known	Age	School	Is he/she a student?

Name of Alleged Witnesses	Age	School	Is he/she a student?

Incident involved one or more of the following:

____ Race ____ Color ____ Weight ____ National Origin ____ Sex ____ Ethnic Group
____ Gender ____ Religion ____ Disability ____ Religious Practice ____ Sexual Orientation

What happened? What did the alleged offender(s) say or do? (Attach a separate sheet if necessary)

(For office use only) Reviewed by: _____

Date: _____