

Windsor Central School District BULLYING REPORTING FORM			
Directions: The Windsor 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, complete this form and return it to the Principal at the student's school. Contact the school for additional information or assistance at any time. This form can be completed anonymously by omitting signature and name. Every reported act of bullying will be investigated. Parents of aggressors and targets will be contacted in cases of confirmed bullying.			
Date of report:			
Name of student target:	Age:	Grade:	School :
Name(s) of alleged aggressor(s) (If known):	Age:	Grade:	School :
Name(s) of witness(es) (If known):			
Where did the incident(s) happen (choose all that apply)? <input type="checkbox"/> On school property <input type="checkbox"/> At a school-sponsored activity or event off school property <input type="checkbox"/> Online/via technology <input type="checkbox"/> On a school bus <input type="checkbox"/> On the way to/from school <input type="checkbox"/> Other			
What best describes what happened (choose all that apply): <input type="checkbox"/> Taunting <input type="checkbox"/> Threat/Property Damage <input type="checkbox"/> Stalking <input type="checkbox"/> Theft/Property Damage <input type="checkbox"/> Social exclusion <input type="checkbox"/> Intimidation <input type="checkbox"/> Physical violence <input type="checkbox"/> Public humiliation <input type="checkbox"/> Retaliation <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Other			
What did the alleged aggressor(s) say or do? (Include dates. Attach any additional information if necessary.) Click here to enter text.			
Did a physical injury result from this incident? <input type="checkbox"/> No <input type="checkbox"/> Yes, but it did not require medical attention <input type="checkbox"/> Yes, and it required medical attention			
Name Of Person Reporting Incident: <div style="display: flex; justify-content: space-between;"> Telephone (optional): E-mail (optional) </div> Place an X in the appropriate box: <input type="checkbox"/> Student <input type="checkbox"/> Parent/guardian <input type="checkbox"/> Other:			
Administrative Action Taken:		Date:	
Administrator:			

Palmer -submit to Mrs. Freije
wfreije@windsor-csd.org

Bell -submit to Mrs. Strick,
estrick@windsor-csd.org

Weeks - submit to Mrs. Beriman,
kberiman@windsor-csd.org

Middle School-submit to Mrs. Llaguno
pllaguno@windsor-csd.org

High School - submit to Mr Youngs,
tyoungs@windsor-csd.org