

# HENNINGER HIGH SCHOOL

600 Robinson Street  
Syracuse, NY, 13206  
315-435-4343

Dignity for All Students (Bullying, Harassment, and Hazing)

## Bullying Reporting Form

**Directions:** Harassment, hazing, or bullying are serious and **will not be tolerated**. Please use this form to report alleged harassment, hazing or bullying that occurred on school property, at a school sponsored activity or event, on or off school property, on a school bus, or on the way to and/or from school. **Any person** (student, parent/caregiver, community member, faculty/staff member, etc.) **observing**, or **being the target** of bullying, hazing, harassment or perceived bullying, hazing, harassment activity **reports the observation. Please complete and return this form to the principal, associate principal, or DASA Coordinator at the students' school.** Contact the school for additional information or assistance.

\*This report may be completed anonymously, but doing so may limit the follow up that can occur.

### PERSON REPORTING INCIDENT\* (PLEASE PRINT)

Name:		Telephone/Email Address:	
Relationship to Target:		Did you witness the incident?	

Today's Date:		Time(s) of Incident:	
Date(s) of Incident:			

Name of alleged target : \_\_\_\_\_

School (if known) \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Name(s) of alleged offender(s) (if known):	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name(s) of possible witness(es):	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where did the incident happen? Choose all that apply:

- Classroom    Playground / Recess    Field Trip    Cafeteria    School Bus    Library    Hallway  
 On the way to / from school    Electronically/Cyberspace    Athletic Event

Other: \_\_\_\_\_

Place an (X) next to the statement(s) that best describe what happened. Choose all that apply:

- Hitting, kicking, shoving, spitting, hair pulling, or throwing something

- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening, in person or by other means
- Demeaning remarks or student being made the target of joke(s)
- Making rude or threatening gestures
- Excluding or rejecting the student, or asking another person to turn against a student
- Intimidating (bullying), extorting, or exploiting
- Spreading harmful rumors or gossip
- Electronic bullying
- Other: \_\_\_\_\_

What did the alleged offender(s) say or do? Explain in the space provided below.

Is this the first time?  Yes  No  
 If not, what happened previously?

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Did a physical injury result from this incident?

- No  Yes (no medical attention needed)  Yes (medical attention needed)  Evaluation by school nurse
- Other medical intervention (please specify) \_\_\_\_\_

Is there any additional information you would like to provide? Explain in the space provided below.

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

\*This report may be completed anonymously, but doing so may limit the follow up that can occur.

**Please complete and return this form to the principal, associate principal, or DASA Coordinator at the students' school.**

**Please do NOT type/write below this line:**

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Report received:

**Case Number:**

Confidential copies sent to:

Student Code Violation occurred:  YES  NO

Follow up actions planned and outcomes, including staff member responsible for each action: