



Please return completed form to Building DASA Coordinator

HARASSMENT, DISCRIMINATION OR BULLYING
INCIDENT REPORT FORM

Williamson Central School District

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

Today's Date: _____ Name of School: _____

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

Name: _____ Phone #: _____ Email: _____

On what date did the incident happen? _____

Where did the incident happen?

On school property On a school bus At a school-sponsored event off school property

On the way to/from school Other (please describe): _____

Name of Student Target: _____ Grade: _____

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

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

Basis of this complaint/grievance:

Race Religion Gender (including identity or expression)

Ethnic Group Religious Practice Sex

National Origin Disability Sexual Orientation

Color Weight

Other/Not sure (Explain): _____

Please complete reverse side

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

(For office use only) Reviewed by:

Date: