

**Laurens Central School**  
*"A Community Center"*  
**P. O. Box 301 - 55 Main Street**  
**Laurens, New York 13796 • Telephone (607) 432-2050**  
**Fax (607) 432-4388**

**William F. Dorritie**  
**Superintendent**

**John Mushtare**  
**Building Principal**

**BULLYING REPORTING FORM**

Date of Report: \_\_\_\_\_

Report Filed by: \_\_\_\_\_

Alleged Student/Staff Bully(ies):

\_\_\_\_\_ Grade/Position \_\_\_\_\_

\_\_\_\_\_ Grade/Position \_\_\_\_\_

\_\_\_\_\_ Grade/Position \_\_\_\_\_

Alleged Student Victim(s):

\_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

List the events that have occurred.

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How long has this been happening? Be specific.

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When and where is it happening? (Examples: at home, in class, on the bus, in the hallway, during lunch, in the locker room, between classes, in the bathroom)

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What did you do when it happened? Please list all of the ways that you responded.

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Witnesses (adults and/or students) who might have observed the incident.

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Who have you reported this to? (Check all that apply)

Nobody       Parent(s)       Friend(s)       Counselor

Administrator       Bus Driver       Teacher- Name: \_\_\_\_\_

Other- Name: \_\_\_\_\_

What would you like for an adult to do to help resolve the situation? (Example: listen to the victim, talk to the other student(s), watch out for similar behavior, tell an administrator)

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Signature of Person Submitting This Form: \_\_\_\_\_

Name of Person Submitting This Form: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date Received by Building Principal: \_\_\_\_\_

Signature of Building Principal: \_\_\_\_\_