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

Katie Lossi
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.

How long has this been happening? Be specific.

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)

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

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

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)

Signature of Person Submitting This Form: _____

Name of Person Submitting This Form: _____

Date Submitted: _____

Date Received by Building Principal: _____

Signature of Building Principal: _____