Student Bullying Incident Form

Today's Date: ___________________________  Date of incident: ___________________________

Time of incident: ___________________________

_____ a.m. _____ p.m.

The incident details:

I was: _____ Bullied _____ A Witness of Bullying ____________________ Other, please specify

Where? ____________________________________________________________

_________________________________________________________________

_________________________________________________________________

Names of people involved, school attended and their role:
(W=Witness, V=Victim, P=Participant, O=Other)

<table>
<thead>
<tr>
<th>Name</th>
<th>School</th>
<th>Role (W/V/P/O)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If more people were involved, please attach a separate sheet using this format.

Description: (Be specific when describing the event.)

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
Confidentiality Statement

This form is being used to provide a confidential avenue for reporting your concerns.
The information you provide will be kept in the strictest confidence.

However, we are bound by law to share with law enforcement officials any information that
indicates that you or another person have committed or are about to commit an act which may
be harmful to yourself or others.

False reporting of an incident is against state law and school policy.

Section 240.50 of the New York State Penal Law states: A person is guilty of falsely reporting an
incident when, knowing the information reported, conveyed or circulated to be false or baseless,
heshe initiates a false report or warning of an alleged occurrence or impending occurrence of a
crime, catastrophe or emergency under circumstances in which it is not unlikely that public alarm
or inconvenience will result. This is a Class A Misdemeanor.

My Name is (Print): ____________________________________________________________

My Name is (Signature): _______________________________________________________

My Grade is: ___________ The Building I Attend is: _________________________________

My Contact Information: Phone (______) __________ Email _____________________________

Please fill out and send this form to the
Erie 1 BOCES compliance officer for Title IX and Section 504:

Michael Capuana, Assistant Superintendent of Instructional Services
Erie 1 BOCES, 355 Harlem Road, West Seneca, NY 14224
(716) 821-7462, mcapuana@e1b.org
He is available from 8 a.m. to 4 p.m., Monday through Friday