

**Gouverneur Central School District
Student Harassment & Bullying Reporting Form for Students**

Your Name *(optional, you may report anonymously)*: _____

Your Grade: _____ Your Age: _____

How can we contact you? Phone: _____ Email: _____

Other: _____

Describe what happened/what is happening: _____

When did it happen? Date: _____ Time: _____

- Before school During school After school Online/phone Unsure

Who was committing the harassment/bullying? Name or describe.

Who was the victim of the harassment/bullying? Name or describe.

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Did anyone else witness the event? Please list witnesses.

Were you or anyone else physically hurt? Please describe.

Have you told anyone about the bullying?

- Parent Teacher Other school staff Family member Other (list below)

Has this harassment happened before? Yes No

If so, have you reported this previously? Yes No

FOR OFFICE USE ONLY	
DATE RECEIVED:	
RECEIVED BY:	