



# Genesee Community Charter School Harassment, Intimidation, and Bullying Incident Report Form

Today's Date \_\_\_\_\_

Person Reporting Incident: \_\_\_ Student \_\_\_ Parent/Guardian \_\_\_ Staff \_\_\_ Other

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Date and Time of the Incident: \_\_\_\_\_

Location of the Incident: \_\_\_\_\_

People you have already spoken to about the incident:

\_\_\_ Teacher \_\_\_ Social Worker \_\_\_ School Leader \_\_\_ Other \_\_\_ Noone

Name(s): \_\_\_\_\_

When and what was the outcome of this contact? \_\_\_\_\_

\_\_\_\_\_

Names of Student(s) Targeted	Grade

Names of Alleged Offender(s)	Grade

Describe what happened. Use specific details regarding what the alleged offender said or did.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Submit this form to the GCCS DASA Coordinator.

(For building use only)

Date \_\_\_\_\_

Incident Reviewed By:

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Findings** \_\_\_\_\_ Confirmed \_\_\_\_\_ Unconfirmed (attach fact-finding notes)

**Check all the characteristics of the incident that apply:**

\_\_\_ Race \_\_\_ Color \_\_\_ National origin \_\_\_ Ethnic group \_\_\_ Disability

\_\_\_ Religion \_\_\_ Religious Practice \_\_\_ Weight or other physical characteristic

\_\_\_ Gender/identity expression \_\_\_ Sexual orientation \_\_\_ Sex

\_\_\_ Other

**Action Taken:**

---

---

---

---