

DIGNITY FOR ALL STUDENTS ACT REPORTING FORM

Bullying, harassment, and discrimination are serious and **will not be tolerated**. Please use this form to report alleged bullying, harassment, or discrimination that occurred on BOCES property, at a BOCES sponsored activity or event (on or off school property), on a BOCES bus, or cyberbullying that occurred on or off BOCES' campus. **Any person** (student, parent/caregiver, faculty/staff member, etc.) **observing** or **who is a target** of bullying, harassment or discrimination should use this form to report their observation.

Please complete and return this form to the Dignity Act Coordinator for the student's program.

Cheryl Button Exceptional Education	Mary Meeker Exceptional Education	Michelle Nolan Regional Alternative School	Jeff Podolak Career & Technical Education
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Today's Date: _____

Name:		Phone/Email:	
Did you witness the incident?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Person filling out this form is:	<input type="checkbox"/> Student (Program) _____ <input type="checkbox"/> Staff Member <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Community Member		

Date(s) of Alleged Incident:		Time(s) of Incident:	
Name of Alleged Target:			
School/Program:		Grade/Age:	

Name of Alleged Offender(s)	Grade	School/Program

Name of Alleged Witness(es)	Grade	School/Program

Where did the incident happen? Choose all that apply:

- | | | | |
|------------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway | <input type="checkbox"/> On the Way To/From School | <input type="checkbox"/> Field Trip |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> School Bus | <input type="checkbox"/> Electronically/Cyberspace | <input type="checkbox"/> Other: _____ |

The bullying, harassment or discrimination was based on the student's (actual or perceived): Choose all that apply.

- Race
- National Origin
- Religious Practice
- Gender (including gender identity)
- Color
- Ethnic Group
- Disability
- Sex
- Weight
- Religion
- Sexual Orientation
- Other (specify): _____

Please put a check next to the statement(s) that best describe what happened. Choose all that apply.

- Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening (in person or by other means)
- Demeaning remarks or student being made the target of joke(s)
- Making rude or threatening gestures
- Excluding or rejecting the student or asking another person to turn again the student
- Intimidating (bullying), extorting, or exploiting
- Spreading harmful rumors or gossip
- Electronic bullying

What did the alleged offender(s) say or do? Use additional paper if necessary and attach any supporting documentation (i.e. copies of emails, notes, photos, etc.).

Did a physical injury result from this incident? NO YES (no medical attention needed) YES (medical attention needed)
 Evaluation by school nurse Other medical intervention (please specify): _____

Is there any additional information you would like to provide? Explain in the space provided below.

Report Received: _____

Person(s) Investigating the Incident:	Title

Describe, in detail, how the investigation was handled.

Result of Investigation:

- UNFOUNDED** Please explain why incident was unfounded: _____

- FOUNDED** Please indicated type:
- Harassment Bullying Discrimination Cyberbullying

Please describe the corrective action that was taken below. *Please provide copies of documentation pertaining to corrective action (i.e. referrals, counseling notes, etc.)*

Parent(s) contacted: _____ Date: _____

Signature of staff member completing this form: _____

Date: _____