

**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.**

<b>Cheryl Button</b>			
<b>Karl O'Leary</b>	<b>Michelle Nolan</b>	<b>Jeff Podolak</b>	<b>Barry Derfel</b>
<b>Helen Staller</b>	Regional Alternative School	Career & Technical Education	P-TECH Academy
Exceptional Education			

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

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

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

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.**

**Please complete and return this form to the DASA Coordinator. Thank you!**