

# Dignity for All Students Act: Reporting Form

## Webutuck Central School District

Person Reporting:	Date:
Contact Information:	
<input type="checkbox"/> Parent <input type="checkbox"/> Student <input type="checkbox"/> Faculty/staff <input type="checkbox"/> Witness <input type="checkbox"/> Victim	
Home and / or Cell Phone:	
Address:	

Bullying/Cyber bullying     
  Discrimination     
  Harassment

*Did the incidents involve physical contact?*   
  Yes     
  No

**Type of Incident:**   
  Bullying/Cyber bullying   
  Discrimination   
  Harassment   
  Hazing

Target (Victim/s) Name:	Sex	Grade
Offender(s) Name:	Sex	Grade/Position
Offender(s) Name:	Sex	Grade/Position
Offender(s) Name:	Sex	Grade/Position

When did it happen:      Date \_\_\_\_\_ Time \_\_\_\_\_  
 Before School   
  During School   
  After School   
  Online/Phone   
  Unsure

Location of Incident:  
 Description of Incident:

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  
 When \_\_\_\_\_ To whom \_\_\_\_\_

*Did the incident involve any bias related to the following?*

- Race     
  Color     
  Weight     
  National Origin     
  Ethnic Group     
  Religion  
  
 Religious practice     
  Disability     
  Sexual Orientation     
  Gender     
  Sex     
  Other \_\_\_\_

Other Witnesses \_\_\_\_\_

*Note on confidentiality: In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s) /staff.*

**Adoption Date: July 23, 2012**