City School District of New Rochelle
Dignity for All Students Act Report Form

Please use this form to report incidents of bullying/harassment which you experienced or witnessed; or allegations of bullying/harassment that were reported to you.

Your name: _____ Date of Incident/Allegation: _____

Please indicate the school/location where the incident or allegations took place:

_____ New Rochelle HS	_____ Albert Leonard MS	_____ Isaac E. Young MS
_____ Trinity ES	_____ Jefferson ES	_____ Columbus ES
_____ Davis ES	_____ Ward ES	_____ Webster ES
_____ Barnard ECC	_____ Alternative Campus HS	_____ City Hall

Please check the appropriate box:

☐ Student ☐ Staff Job Title: _____ ☐ Parent/Community Member

Please give the name(s) of the individual(s) who was/were involved in the bullying/harassment incident or allegations.

_____

Please describe the bullying actions you experienced or witnessed by the individual(s) named above.

_____

_____

_____

_____

_____

Signature: _____ Today's Date: _____

Please submit this form to the Dignity Act Coordinator or the Principal of the school.

Thank you.