

PEARL RIVER SCHOOL DISTRICT

135 WEST CROOKED HILL ROAD, PEARL RIVER, NEW YORK 10965

PR High School PR Middle School Evans Park Elementary Lincoln Avenue Elementary Franklin Avenue Elementary

DASA - Dignity for All Students Act

The Pearl River School District Code of Conduct, in accordance with DASA, specifically prohibits, discrimination, harassment, bullying, taunting, hurtful teasing, and cyberbullying, that negatively impacts the ability of a student to focus on school work and participate in school activities based on the following characteristics: race; color; weight; national origin; ethnic group, religion, religious practice; disability; sex; sexual orientation; gender identity and expression; or socio-economic status.

Incident Reporting Form

Directions: Harassment, hazing, cyberbullying, or bullying are serious and **will not be tolerated**. Please use this form to report alleged **student** harassment, hazing, cyberbullying or bullying that occurred on school property, at a school sponsored activity or event, on a school bus, or on the way to and/or from school. **Any person** (student, parent/caregiver, community member, faculty/staff member, etc.) **observing, or a student who is the target** of bullying, hazing, harassment or perceived bullying, hazing, harassment activity **reports the incident. Please complete and return this form to the principal, assistant principal, or DASA Coordinator at the student's school.** Contact the school for additional information or assistance.

*This report may be completed anonymously, but doing so may limit the follow up that can occur.

PERSON REPORTING INCIDENT* (PLEASE PRINT)

Name: _____

Telephone/Email Address: _____

Relationship to Target: _____

Did you witness the incident? _____

Today's Date: _____

Date(s) of Incident: _____

Time(s) of Incident: _____

Was an adult informed at the time of the incident?
individual(s). _____

Yes No. If yes, please list the names of the

Name of alleged target: _____

School (if known) _____ Grade/Age: _____

Name(s) of alleged offender(s) (if known):

Grade

School

Name(s) of possible witness(es):

Grade

School

Where did the incident happen? Choose all that apply:

- Classroom Playground/Recess Field Trip Cafeteria
 Library Hallway On the way to/from school
 Electronically/Cyberspace Athletic Event Other: _____

Description of Incident

What did the alleged offender(s) say or do? Explain in the space provided below.

Is this the first time: Yes No

If not, what happened previously?

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.

I certify that all statements on this form are accurate and true to the best of my knowledge.

Signature*: _____ Date: _____

*This report may be completed anonymously, but doing so may limit the follow up that can occur.

Please complete and return this form to the principal, assistant principal, or DASA Coordinator at the student's school.

Please do NOT type/write below this line:

Report received: Confidential copies sent to:

Student Code of Conduct Violation occurred: YES NO

Follow up actions planned and outcomes, including staff member responsible for each action: