

**INCIDENT REPORTING FORM
DIGNITY FOR ALL STUDENTS ACT**

It is the Policy of the Pawling Central School District to provide a school environment that is free from harassment, bullying, and discrimination for all students. Harassment or discrimination of a student by another student or by a school employee on school property or at a school function on the basis of actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender, or sex is expressly prohibited.

Contact Information

Person completing this form: _____ Date: _____

Name: _____ Address: _____

Telephone number(s): _____

E-mail Address: _____

Relationship to the Student on whose behalf you are reporting: *(Select one)*

- Self Friend/classmate Teacher/administrator Parent/guardian Relative
 Other (please explain) _____

Incident(s) - Description and Location *(attach additional pages, as necessary)*

Name of targeted student: _____

School attending: _____ Age/grade: _____

Name of alleged aggressor(s) (if known): _____

School attending: _____ Age/grade/position: _____

Relationship between the target and aggressor (if known) _____

Date(s) of alleged incident(s): _____

Which building? _____

Location of incident within building: *(circle all that apply)*

Classroom Hallway/stairs (where) _____ Restroom (where) _____

Playground Locker room (where) _____ Lunchroom Athletic field

Parking lot Field trip (on school property/off school property)

School sponsored event (list) _____ Other: _____

School bus (on the way to school/on the way home from school)

Please describe the incident:

Please identify the behavior(s) or actions observed or witnessed from the aggressor(s): *(check all that apply)*

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Teasing | <input type="checkbox"/> Name-calling | <input type="checkbox"/> Rude gestures | <input type="checkbox"/> Hitting/punching |
| <input type="checkbox"/> Threatening gestures | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Threat of Harm | <input type="checkbox"/> Pushing/shoving |
| <input type="checkbox"/> Kicking/tripping | <input type="checkbox"/> Excluding /Rejecting the Student | <input type="checkbox"/> Graffiti | |
| <input type="checkbox"/> Mimicking/Imitating or Mocking | <input type="checkbox"/> Spreading rumors or gossip | | |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Putting the student down/making the target of jokes | | |
| <input type="checkbox"/> Getting someone else to threaten/hit/harm another student | <input type="checkbox"/> Demanding money/items | | |
| <input type="checkbox"/> Other: _____ | | | |

Please identify any potential witnesses: _____

Frequency of incident(s): (time and places):

Please identify what characteristics [actual or perceived] of the targeted student, which were the subject of the discriminatory or harassing behavior: *(check all that apply):*

- | | | | | |
|---|-----------------------------------|---|---|---------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National origin | <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Gender identity/expression | <input type="checkbox"/> Gender | <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual orientation | |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Religion | <input type="checkbox"/> Religious practice | <input type="checkbox"/> Other (please list): _____ | |

Was there any physical injury as a result of the incident? Y N

If you answered yes above, please describe: _____

Did you report this information to the school? Y N

To whom? _____ When? _____

The statements in this document are true and accurate.

Signature

Date:

Retaliation or threats of retaliation against any person involved in an investigation of harassment or discrimination (including those who initiate the complaint, participate or conduct the investigation or are involved or testify related to the complaint) is a violation of the law. If you believe that you have been subjected to retaliation on the basis of your cooperation with the investigation, please notify the Dignity Act Coordinator.