

BOCES Southern Westchester

17 Berkley Drive, Rye Brook, New York 10573

Tel: (914) 937-3820

Dignity for All Students Act: Student Reporting Form

Name of Person Submitting Report: _____

Date: _____

Position / Role (check the appropriate box):

Parent Student Faculty/staff Witness Victim

Address: _____

Phone: _____

Did the incidents involve physical contact? Yes No

Type of Incident: Bullying/Cyber bullying Discrimination Harassment

Target (Victim's) Name:

Offender's Name:

Offender's Name:

Offender's Name:

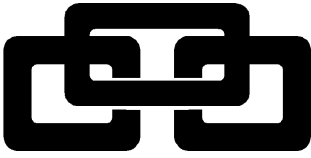
When did it happen?

Date _____ Time _____

Before School Hours During School Hours
 After School Hours Online/Phone Unsure

Location of Incident:

Description of Incident (use the back of this form if additional space is needed):



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Who has been told about this?

Parent BOCES staff Family member Other (list below)

Names of people to whom this was reported: _____

Has this 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: _____

Signature of complainant: _____

Signature of person receiving complaint: _____

Date: _____

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.

Once completed, this form should be submitted to the student's principal, or the principal's supervisor.