

**TUCKAHOE UNION FREE SCHOOL DISTRICT
INSTRUCTIONS FOR COMPLETION OF
DIGNITY ACT INCIDENT REPORTING FORM¹**

The Tuckahoe Union Free School District is committed to offering its students an educational environment that is free of harassment, bullying or discrimination. Towards that end, it has created a Dignity Act Incident Reporting Form through which any individual possessing information suggesting that a student has been subject to such harassment, bullying or discrimination can report such information so that it may be properly investigated and addressed.

1. **Who should complete this form?** The attached form is intended to be used by staff, students and/or parents to report incidents of harassment, bullying discrimination directed against students.
2. **When should this form be completed?** This form should be completed when there is evidence suggesting that a student has been subjected to any of the following:
 - a. **Harassment or bullying.** The creation of a hostile environment by conduct or by threats, intimidation or abuse, including cyberbullying, that (a) has or would have the effect of unreasonably interfering with a student's educational performance, opportunities or benefits, or mental, emotional or physical well-being; or (b) reasonably causes or would reasonably be expected to cause a student to fear for his or her physical safety; or (c) reasonably causes or would reasonably be expected to cause physical injury or emotional harm to a student; or (d) occurs off school property and creates or would foreseeably create a risk of substantial disruption within the school environment, where it is foreseeable that the conduct, threats, intimidation or abuse might reach school property.
 - b. **Discrimination.** Any form of discrimination against students prohibited by state or federal law (e.g., the denial of equal treatment, admission and/or access to programs, facilities and services based on the person's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender, [including gender identity], or sex).

¹ This document is an educational record under the Family Educational Rights and Privacy Act (FERPA) and may be subject to disclosure, in whole or in part, to the parents of students referenced therein.

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3. Are there specific time requirements for completion and submission of the form? Yes. Information regarding alleged harassment, bullying or discrimination must be orally reported by staff within one school day of their observation of or their receipt of such information, followed by completion and submission of this form within two school days of receipt of such information. All others should orally report such information as soon as practicable, followed by completion and submission of this form as soon as practicable.
4. To whom should the completed form be submitted? The completed form should be submitted to the building assistant principal (the Dignity Act Coordinator) of the school that the student attends. If the student is attending an out-of-district school as a result of a CSE recommended placement, the form should be submitted to the Assistant Superintendent of Pupil Personnel Services & Human Resources.
5. To whom should I direct any further questions that I may have? Any questions should be directed to your building assistant principal (Dignity Act Coordinator).
6. Are there other sources of information regarding the prohibition against harassment, bullying or discrimination of students? Yes. Additional information is available in the District's policy book and Code of Conduct, both of which are available on the District's web page, and from the New York State Education Department's web page (www.nysed.gov).

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Instructions: complete the form, make a copy and submit the original to the Asst. Principal's Office.

Name of Reporter: _____ Date of Report _____

Relationship to Student on whose behalf you are reporting: _____

Name of Student subjected to harassment/bullying/discrimination (target): _____

Grade of target: _____ School of target: _____

Name of suspect(s): _____ Grade of suspect(s): _____

School of suspect(s): _____ Did you witness the incident(s)? Yes No

List any witnesses:

Check all of the behaviors that the target has experienced:

- | | | |
|--|---|--|
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Tripping | <input type="checkbox"/> Hitting |
| <input type="checkbox"/> Punching | <input type="checkbox"/> Slapping | <input type="checkbox"/> Kicking |
| <input type="checkbox"/> Pinching | <input type="checkbox"/> Grabbing | <input type="checkbox"/> Spitting |
| <input type="checkbox"/> Hurtful Teasing | <input type="checkbox"/> Name Calling | <input type="checkbox"/> Insulting Remarks |
| <input type="checkbox"/> Spreading Rumors/Lies | <input type="checkbox"/> Sending Hate Notes | <input type="checkbox"/> Hurtful Graffiti |
| <input type="checkbox"/> Socially Rejecting | <input type="checkbox"/> Threats | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Intimidation | <input type="checkbox"/> Cyber bullying | <input type="checkbox"/> Other _____ |

Add a brief description of the incident (including the date, time and place of the behavior(s)). Use an additional page if necessary:

The behavior(s) are suspected of being based upon the following characteristics (actual or perceived) of the target (check all that apply):

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Gender | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Ethnic Group |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Disability | <input type="checkbox"/> None of the Above | <input type="checkbox"/> Other _____ |

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Check where the behaviors have been observed. Check all that apply.

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Locker Room | <input type="checkbox"/> Stairway |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Lunch Detention | <input type="checkbox"/> Unauthorized Area |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Office | <input type="checkbox"/> Off campus (non-school sponsored) |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Off campus (School sponsored) | <input type="checkbox"/> Hallway |
| <input type="checkbox"/> Online | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> In school suspension |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Playground | <input type="checkbox"/> Library |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Recess Area | <input type="checkbox"/> Other _____ |

Signature of Person Filing Report: _____ Date: _____

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