

SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT

DIGNITY ACT INCIDENT REPORTING FORM¹

Instructions: complete the form, make a copy and submit the original to the Dignity Act Coordinator.

The purpose of this form is to inform the district of a serious incident(s) of intimidation, harassment, bullying, so that we can investigate and take appropriate steps.

The South Orangetown Central School District is committed to ensuring the safety of all students at all times. Staff members, students, or community members who have witnessed or have reliable information that a student has been subject to harassment, intimidation, or bullying are encouraged to report the incident to a school administrator immediately.

The Dignity for All Students Act (DASA) covers pervasive and/or ongoing conduct, verbal threats, intimidation, or abuse that reasonably causes or would reasonably be expected to cause a student to fear for his or her physical safety based on the protected classes (race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender, or sex), the effects of which reasonably and substantially interferes with a student's educational performance, opportunities, or benefits. This includes Student-to-Student or Adult-to-Student interactions.

Name of Reporter: _____ **Date of Report:** _____

Relationship to Student on whose behalf you are reporting: _____

What was your involvement in this incident? (Please check the most accurate response.)

- I was directly involved in this incident.
- I observed the incident.
- I heard about this incident. If you heard about this incident, from whom did you hear it?
_____ When did you hear of this? _____

Name of student allegedly subjected to harassment/bullying/discrimination: _____

School: _____

Grade: _____

Name of alleged offender(s): _____

Grade of alleged offender(s): _____

List any witnesses: _____

¹ Retaliation or threats of retaliation against any person involved in an investigation or harassment, bullying or discrimination will not be tolerated. If you believe that you have been subjected to such action as a result of your cooperation, please contact the building Dignity Act Coordinator or the building principal.

Check all of the behaviors that the targeted student 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 _____ |

Date on which this incident occurred: _____

Approximate time that this incident occurred: _____

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 _____ |

Add a brief description of the incident. 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"/> Gender | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> None of the Above | | |

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

Signature of Person Filing Report: _____ Date: _____

Email: _____ Phone Number: _____

FOR ADMINISTRATIVE USE:

Prior instances of harassment/bullying/discrimination on the part of the suspect, along with consequences imposed: _____

Investigation of Allegations

No further investigatory action required.

Further investigation required. Person conducting investigation: _____

Persons interviewed (attach statements or notes, if applicable):

- | | |
|----------------|-------------|
| 1. Name: _____ | Date: _____ |
| 2. Name: _____ | Date: _____ |
| 3. Name: _____ | Date: _____ |
| 4. Name: _____ | Date: _____ |
| 5. Name: _____ | Date: _____ |

Documents reviewed (list and describe): _____

Conclusions

I find that the target was the victim of harassment, bullying or discrimination.

I find insufficient evidence to conclude that the target was the victim of harassment, bullying or discrimination.

Due to the target's lack of cooperation in the investigation, I do not have sufficient evidence upon which to find that harassment, bullying or discrimination occurred.

Comments: _____

If harassment, bullying or discrimination is found, check the specific actions taken to prevent and stop the behavior(s):

- | | |
|---|--|
| <input type="checkbox"/> After School Detention | <input type="checkbox"/> Mediation Adult |
| <input type="checkbox"/> Bus Detention | <input type="checkbox"/> Mediation Peer |
| <input type="checkbox"/> Bus Suspension | <input type="checkbox"/> Out of School Suspension (short term) |

- Conference
- Detention
- Expulsion
- Assigned Seat on Bus
- In School Suspension
- Lunch Detention

- Saturday School
- Social Suspensions
- Superintendent Hearing
- Suspension of Privileges
- Warning
- Other _____

Additional comments: _____

Parent(s) of target contacted by: _____ Date: _____ Time: _____

Parent(s) of suspect contacted by: _____ Date: _____ Time: _____

Summary of conversations with parent(s): _____

Follow Up Activities (including person[s] responsible for conducting):

Signature of Administrator: _____ Date: _____