

One Community. One Commitment. Ready for the Future.

Superintendent of Schools | Justin Gardner

29 School Lane Willsboro, NY 12996 **Board of Education**

Phyllis Klein, President Kasey Young, Vice President Heather Sheehan **Emily Phillips Krissy Leerkes** Brandy Pierce Nolette, District Clerk

Ph: (518) 963-4456 Fx: (518) 963-7577

PO Box 180

INCIDENT REPORTING FORM DIGNITY FOR ALL STUDENTS ACT

It is the Policy of the Willsboro 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 students or by school employees 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 or perceived race, is expressly prohibited. If you believe you have been the target of harassment, bullying, cyberbullying and/or discrimination, please use this form to report all allegations.

Person completing this form:			Date:	
Relationship to Complainant: self/student	staff member	parent	other:	
Contact information for Person making this	s complaint:			
Address:			•••••••••••••••••••••••••••••••••••••••	
Phone:				
Name of Complainant/Target(s):				
Name of alleged Offender(s):				
Date and Time of Incident(s):				
What was your involvement in the incident	? was directly	y involved	saw/observed	the

incident



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Location of Incident: (check all that apply – identify specific location if possible)

___classroom ___hallway ___restroom ___playground ___locker room ___cafeteria

__gymnasium ___office ___nurses office ___athletic field ___parking lot ___field trip

___school sponsored event ___school bus ___on the way to or from home ___internet

____electronic communication device(s) ____other (please specify)

Type of Incident (check all that apply) What type of incident occurred?

Physical Contact (kicking, punching, spitting, tripping, pushing, taking belongings, hitting, etc.)

___Verbal threats (gossip, name-calling, put-downs, teasing, taunting, threatening, etc.)

____Psychological (non-verbal actions (gestures, notes of threat), spreading rumors, social exclusion, intimidation, etc.)

____Abuse (actions or statements that put an individual in fear of bodily harm)

____Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures, sexting, etc.)

__Other (please describe): __

Who was involved in the incident? _	student	employee	both student and employee

__visitor/guest to the school



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Describe what happened - be as specific as possible - what did the alleged aggressor do or say? Include/attach copies of any documentation or evidence, such as text messages, emails, written statements, photos, etc., if possible:

Witnesses? (who was around or nearby who may be able to provide information)

Identify what characteristics (actual or perceived) of the complainant which were to subject of the discriminatory or harassing behavior (check all that apply):

race _	color	national origin	ethnic group	weight	gender identity/expre	ssion
aender	sex	sexual orientatio	n disability	religion	religious practice	

genaer _sex ___sexual orientation ___disability ___religion ___religious practice

other (please list and be specific)

Was/is the student absent from school as a result of the incident? yes no If the student was absent, do you know how many days the student was absent?

Does this situation continue to occur? yes no



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What do you think should be done about the situation?

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:

Ms. Sarah Paquette 518 - 963 - 4456 ex. 205