



Superintendent of Schools - Justin Gardner

Dean of Students – Michael Douglas

PO Box 189
29 School Lane
Willsboro, NY 12996
Ph: (518) 963-4456
Fx: (518) 963-7577

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 complaint:

Address: _____

Phone: _____ E-mail: _____

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 involved ___ saw/observed the incident

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

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/expression

gender 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

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 building Dignity Act Coordinator:

Mr. Michael Douglas 518 – 963 – 4456 ex. 205

Mrs. Charmaine Flynn 518 – 963 – 4456 ex. 282