



INCIDENT REPORTING FORM

DIGNITY FOR ALL STUDENTS ACT

It is the Policy of the Fort Edward 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 student 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 orientation, gender or sex is expressly prohibited.

Contact Information

Person Completing this Form: _____ Date: _____

Telephone Number(s): _____ Address: _____

E-mail Address: _____

Relationship to Student on whose behalf you are reporting (*select one*):

Self Friend/Classmate Teacher/Administrator Parent Relative

Other (*please explain*): _____

Incident(s) – Description and Location (*attach additional pages, as necessary*)

Name of Targeted Student: _____

School Attending: _____ Age/Grade: _____

Name of Alleged Aggressor(s) (*if known*): _____

School Attending: _____ Age/Grade: _____

Relationship Between the Target and _____

Alleged Aggressor(s) (*if known*):

Date(s) of Alleged Incident(s): _____

Which Building: _____

Location of Incident Within Building (*check all that apply*)

Playground Classroom # _____ Restroom (*where*) _____

Lunchroom Hallway/Stairs (*where*) _____ Locker Room (*where*) _____

Athletic Field Field Trip (*on school property*) School Bus (*on way to school*)

Parking Lot Field Trip (*off school property*) School Bus (*on way home from school*)

School Sponsored Event (*list*): _____

Other: _____

Describe the Incident

Identify the Behavior(s) or Actions Observed or Witnessed from the Alleged Aggressor(s)

(check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Teasing | <input type="checkbox"/> Hitting/Punching | <input type="checkbox"/> Threatening Gestures |
| <input type="checkbox"/> Name-Calling | <input type="checkbox"/> Kicking/Tripping | <input type="checkbox"/> Rude Gestures |
| <input type="checkbox"/> Intimidation | <input type="checkbox"/> Pushing/Shoving | <input type="checkbox"/> Excluding/Rejecting the Student |
| <input type="checkbox"/> Stealing | <input type="checkbox"/> Demanding Money/Items | <input type="checkbox"/> Mimicking/Imitating or Mocking |
| <input type="checkbox"/> Graffiti | <input type="checkbox"/> Spreading Rumors or Gossip | <input type="checkbox"/> Putting Student Down |
| <input type="checkbox"/> Threats of Harm | <input type="checkbox"/> Making Target of Jokes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Getting Someone Else to Threaten/Hit/Harm the Student | | |

Identify any Potential Witnesses

Frequency of Incident(s) *(time and places)*

Identify What Characteristics [actual or perceived] of the Targeted Student Which Were the Subject of the Discriminatory or Harassing Behavior *(check all that apply)*

- | | | | |
|---------------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Ethnic Group |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender Identity/Expression |
| <input type="checkbox"/> Weight | <input type="checkbox"/> Disability | <input type="checkbox"/> Religion | <input type="checkbox"/> Religious Practice |
| <input type="checkbox"/> Other: _____ | | | |

Was there any physical injury as a result of the incident? Yes No

If you answered yes above, please describe: _____

Did you report this information to the school? Yes No

To whom? _____ *When?* _____

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 at (518) 747-4529.