The BCSD is committed to providing a safe, supportive environment free from harassment, bullying and discrimination for all students. The District encourages the involvement of staff, students, parents and community members in the implementation and reinforcement of the Dignity for All Students Act.

DIRECTIONS: Harassment, discrimination, intimidation, bullying and/or cyber-bullying are serious offenses. If you are a student, the parent/guardian of a student, a volunteer or visitor, and believe you or someone else has been the target of alleged bullying or harassment, please use this form to report all allegations. ALL SCHOOL EMPLOYEES ARE REQUIRED TO REPORT ALLEGED VIOLATIONS.

School/district personnel witnessing an incident or receiving a report of an incident must complete and submit this written report within two (2) school days. Note: School/district personnel must also orally notify the principal, superintendent or their designee no later than one school day after witnessing or receiving a report of an incident.

All complaints will be treated in a confidential manner. Anonymous reports may limit the district’s ability to respond to the complaint. A prompt and thorough investigation will be conducted for all incident reports. Please complete this form and return it to a school administrator or Dignity Act Coordinator.

Name of Affected Student:___________________________________________________  Grade_______

Name of Alleged Offender(s) (if known)
__________________________________________________________________________
Grade_______  Grade_______

Name of school adult you’ve already contacted (if any)____________________________________

Incident date and time (if known)________/_________  School: _______________________

Where did incident happen? (Circle all that apply)

- Classroom  - Hallway  - Restroom  - Cafeteria  - Locker Room
- School bus  - Bus Stop  - To/From school  - Social media  - Internet
- Sports Field/gym  - School grounds  - Text/Cell phone  - School activity  - Off campus
- Other (please describe)__________________________________________________________

What happened during this incident? (Check all that apply)
☐ Hitting, kicking, shoving, spitting, hair pulling, throwing something at student, punching, pushing
☐ Getting another person to hit or harm the student
☐ Teasing, taunting, name calling, making critical remarks in person, by phone, by email, etc.
☐ Making the student a target of jokes or put downs, humiliating, rejecting, or excluding the student
☐ Making rude and/or threatening statements or gestures
☐ Making the student fearful, demanding money or possessions, intimidating or exploiting the student
☐ Spreading harmful rumors or gossip
☐ Cyberbullying – Bullying by calling, texting, emailing, web posting, digital, electronic media
☐ Other (please describe)_________________________________________________________

Who was involved in the incident?
☐ Student  ☐ Employee  ☐ Both student and employee
Did a physical injury result from this incident? (Please check one)

______ No  ______ Yes, medical attention required  ______ Yes, medical attention NOT required

Student absent from school as a result of this incident?  □ No  □ Yes  Number of days absent: ____

Briefly describe the incident.  (Be as specific as possible.  What did alleged offender say or do? Include any copies of text messages, emails, etc. if possible.  Add extra pages if needed.)

________________________________________________________________________________________

________________________________________________________________________________________

______ Yes  ______ No

Did you witness the incident?  ____

Were there any witnesses?  ____ Yes (Provide names, if known)  ____ No

________________________  __________________________

Does the situation continue to occur?  □ Yes  □ No

The behaviors(s) are suspected of being based upon the following characteristics of the target (check all that apply):

☐ Gender  ☐ Sexual Orientation  ☐ Sex
☐ Race  ☐ Color  ☐ Ethnic Group
☐ National Origin  ☐ Religious Practice  ☐ Weight
☐ Disability  ☐ Religion  ☐ Other________________________

Report being made by:  ____ Student  ____ Faculty/Staff  _____ Parent/Guardian  _____ Other

Leave the following areas blank if reporting anonymously:

Name of person reporting incident (please print) ___________________________ Phone/Cell____________________

Signature:________________________________________________________ Date:____________________

What was your involvement in the incident?

☐ I was directly involved  ☐ I observed the incident  ☐ I heard about the incident

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. You can contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whomever you are most comfortable with) for information or assistance at any time.

If there were any adults in the area when this happened, what did they do?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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FOR OFFICE USE

Received by: ____________________________ Date received: ________________

Offender’s Parent/Guardian contacted: ____________________________ Date: ________________

Victim’s Parent/Guardian contacted ____________________________ Date: ________________

OUTCOME: □ Resolved □ Unresolved □ Referred to: ____________________________
☐ I find insufficient evidence to conclude that the affected student was the victim of harassment, bullying or discrimination.
☐ Due to the student’s lack of cooperation in the investigation, I do not have sufficient evidence upon which to find that harassment, bullying or discrimination occurred.

If harassment, bullying or discrimination is found, check the specific actions taken to prevent and stop the behavior(s):
☐ Warning ☐ Conference ☐ Remediation:
☐ After School Detention ☐ Bus Suspension
☐ Assigned Seat on Bus ☐ Suspension of Privileges
☐ Lunch Detention ☐ Out of School Suspension (short term)
☐ In School Suspension ☐ Superintendent Hearing
☐ Mediation Adult ☐ Other_________________________

Results of Investigation (include summary of information gathered from interviews - add extra pages if needed):
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Did the investigation verify that a material incident of bullying, harassment, and/or discrimination occurred?
☐ Yes ☐ No

If no, why?
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Description of plan to eliminate bullying and reduce the hostile environment:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Contact with parents/guardians of target – date: ____________________________
Contact with Parents/guardians of aggressor(s) – date: ____________________________

Contact with law enforcement – date: ____________________________

Results: __________________________________________________________________________________
__________________________________________________________________________________________

Who else needs to be informed of plan (respect confidentiality)?
☐ Student ☐ Administration ☐ Parents ☐ School Staff ☐ Other ____________________________

• Follow-up review of plan (is it working?) in _______ weeks
• Target’s response to plan to determine effectiveness: ____________________________________________
• Additional plan revisions and comments, if needed: ____________________________________________

Keep this report on file to calculate yearly data reported to New York State Education Department.