

**Haldane Central School District
Instructions for Completing the
Dignity Act Incident Reporting Form¹**

The Haldane Central School District is committed to offering its students an educational environment that is free of harassment, bullying, or discrimination.

Dignity Act Coordinators:

Renee Curry, Elementary School rcurry@haldaneschool.org
Scott Many, Middle and High School smany@haldaneschool.org

Who should complete this form?

This form should be used by faculty/staff, students, and parents/guardians to report incidents of harassment, bullying, or discrimination against students.

When should this form be completed?

This form should be completed when there is evidence suggesting that a student has been subjected to any of the following:

Harassment or Bullying

The creation of a hostile environment by conduct or by threats, intimidation or abuse, including cyberbullying, that (a) has or would have the effect of unreasonably interfering with a student's educational performance, opportunities or benefits, or mental, emotional, or physical wellbeing; or (b) reasonably causes or would reasonably be expected to cause a student to fear for his or her physical safety; or (c) reasonably causes or would reasonably be expected to cause physical injury or emotional harm to a student; or (d) occurs off school property and creates or would foreseeably create a risk of substantial disruption within the school environment, where it is foreseeable that the conduct, threats, intimidation, or abuse might reach school property.

Discrimination

Any form of discrimination against students prohibited by state or federal law (e.g. the denial of equal treatment, admission and/or access to programs, facilities and services based on the person's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender [including gender identity], or sex).

Are there specific time requirements for completion and submission of the form?

Yes. Information regarding alleged harassment, bullying, or discrimination must be verbally reported by staff within one school day of their observation of or receipt of such information, followed by completion and submission of this form within two school days of receipt of such information. All others should verbally report such information as soon as practicable, followed by completion and submission of this form as soon as practicable.

To whom should the completed form be submitted?

The completed form should be submitted to the Dignity Act Coordinator of the school that the student attends. If the student is attending an out-of-district school as a result of a CSE recommended placement, the form should be submitted to the Director of Pupil Personnel Services.

To whom should I direct any further questions I may have?

Any questions should be directed to the Dignity Act Coordinator.

Are there other sources of information regarding the prohibition against harassment, bullying, or discrimination of students?

Yes. Additional information is available in the District's policy manual and Code of Conduct, both of which are available on the District's website, and from the New York State Education Department's website, www.nysed.gov

¹This document is an educational record under the Family Educational Rights and Privacy Act (FERPA) and may be subject to disclosure, in whole or part, to the parents of students referenced therein.

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Name of Reporter: _____ Date of Report: _____
Email: _____ Preferred Phone: _____

Relationship to student on whose behalf you are reporting: _____

Name of student (target) subjected to harassment, bullying, or discrimination: _____ Grade of Target: _____

Name(s) of Suspect(s): _____ Grade: _____
_____ Grade: _____

Date and Time of Incident: _____

Location of Incident: _____

Did you witness the incident? Yes No Name(s) of Witness(es): _____

Check all behaviors that the target experienced:

- | | | | |
|-----------------------|--------------------|------------------|--------------------|
| Pushing | Tripping | Hitting | Pinching |
| Punching | Slapping | Kicking | Grabbing |
| Splitting | Hurtful Teasing | Name Calling | Insulting Remarks |
| Spreading Rumors/Lies | Sending Hate Notes | Hurtful Graffiti | Socially Rejecting |
| Threats | Stalking | Intimidation | Cyberbullying |
| Other _____ | | | |

Basis of complaint/grievance:

- | | | | |
|--------|--------------------|-----------------|--------------------|
| Gender | Sexual Orientation | Sex | Race |
| Color | Ethnic Group | National Origin | Religious Practice |
| Weight | Disability | Other _____ | |

Further description of incident (attach page, if necessary):

Has this incident been previously reported? Yes No

If yes, please provide the name of the person it was reported to and the outcome:

Signature of Complainant

Date

Retaliation or threats of retaliation against any person involved in an investigation of 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.

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For Administrative Use

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

Investigation of Allegations

No further investigation required.

Further investigation required. Person conducting investigation: _____

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

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Documents reviewed (list and describe):
