

**Seneca Falls Middle School Central School District
Incident Reporting Form/Dignity for All Students Act
(For District/School Files Only)**

Directions: Harassment, hazing, or bullying are severe and *will not be tolerated*. Please use this form to report alleged harassment, hazing, or bullying that occurred on school property, at a school-sponsored activity or event, on or off school property, on a school bus, or on the way to and/or from school. Any person (student, parent/guardian, community member, faculty/staff member, etc.) observing or being the target of bullying, hazing, harassment, or perceived bullying, hazing, or harassment activity reports the observation. **Please complete and return this form to the main office or directly to the DASA Coordinator for your building (Kevin Korzeniewski, Main Office ext 2123)**

I. To be completed by a person reporting the incident (or the person receiving the complaint and/or investigating the incident)

Dignity Act Coordinator: Kevin Korzeniewski

Position: Assistant Principal

Today's date: _____ **Name of person reporting incident:** _____

Role of person reporting incident (Check one)

Student Target Student (witness) Parent/Guardian Staff Member Other _____

Phone: _____ **Email:** _____

Name of target: (student being bullied, harassed, or discriminated against)

Name(s) of alleged offender(s): _____

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

What was your involvement in the incident?

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

Where did the incident happen? (Check all that apply)

On school property Cafeteria On a school bus Classroom Gym Off school property
 Hallway Locker Room Electronic Communication Bathroom At a school function
 Other (describe): _____

Type of incident (Check all that apply)

Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
 Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
 Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
 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))
 Other (describe): _____

Who was involved in the incident?

- Student Employee Both student and employee

Describe the specific nature of the incident. What happened? (Be as specific as possible). What did the alleged offender say or do? Include any copies of text messages, emails, etc. if possible.

(Add extra pages if needed)

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

Types of bias involved (if known): (Check all that apply)

- Race Religion Sex Color Religious practice Other(describe)_____
- Weight/size Disability National origin Sexual orientation Ethnic group Gender

Names of others who may have witnessed the incident:

Was the student absent from school as a result of the incident?

- No Yes Number of days student was absent:_____

Does the situation continue to occur? Yes No

What do you think should be done about the situation?

Signature*: _____ Date: _____

**This report may be completed anonymously, but doing so may limit the follow-up that can occur.*

Please complete and return this form to the main office or DASA Coordinator, Mr. Kevin Korzeniewski.