

RONDOUT VALLEY CENTRAL SCHOOL DISTRICT

PO Box 9
Accord, NY 12404
845-687-2400

DIGNITY ACT INCIDENT REPORTING FORM¹

Our first concern is always the safety and well-being of our students. Please contact the Building Principal as **soon as you are aware of the incident** you are reporting.

Principal, Kerhonkson Elementary School, extension 4300
Principal, Marbletown Elementary School, extension 4400
Principal, Rondout Valley Intermediate School, extension 4601
Principal, Rondout Valley Junior High School, extension 4701
Assistant Principal, Rondout Valley High School, 4208

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 CSE Chairperson, located at the District Office.

CSE Chairperson-Pre-K through Grade 6: extension 4818
CSE Chairperson-Grades 7-12: extension 4821

We must have your report in writing on that same day, so please complete the form, make a copy and submit the original to the appropriate administrator listed above.

Name of Reporter: _____ Date of Report: _____

Relationship to Student on whose behalf you are reporting: _____

Name of Student subjected to harassment/bullying/discrimination (target): _____

Grade of target: _____ School of target: _____

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

School of suspect(s): _____

Did you witness the incident(s)? Yes No

List any witnesses: _____

¹ 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.

Check all of the behaviors that were witnessed or reported during this incident:

- | | | |
|--|---|--|
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Tripping | <input type="checkbox"/> Hitting |
| <input type="checkbox"/> Punching | <input type="checkbox"/> Slapping | <input type="checkbox"/> Kicking |
| <input type="checkbox"/> Pinching | <input type="checkbox"/> Grabbing | <input type="checkbox"/> Spitting |
| <input type="checkbox"/> Hurtful Teasing | <input type="checkbox"/> Name Calling | <input type="checkbox"/> Insulting Remarks |
| <input type="checkbox"/> Spreading Rumors/Lies | <input type="checkbox"/> Sending Hate Notes | <input type="checkbox"/> Hurtful Graffiti |
| <input type="checkbox"/> Socially Rejecting | <input type="checkbox"/> Threats | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Intimidation | <input type="checkbox"/> Cyber bullying | <input type="checkbox"/> Other _____ |

Add a brief description of the incident (including the date, time, and place of the behavior(s)). Use an additional page if necessary:

The behavior(s) are suspected of being based upon the following characteristics (actual or perceived) of the target (Check all that apply.):

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Gender | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Ethnic Group |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Disability | <input type="checkbox"/> None of the Above | <input type="checkbox"/> Other _____ |

Check where the behaviors have been observed. (Check all that apply.)

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Locker Room | <input type="checkbox"/> Stairway |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Lunch Detention | <input type="checkbox"/> Unauthorized Area |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Office | <input type="checkbox"/> Off campus (non-school sponsored) |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Off campus (school sponsored) | <input type="checkbox"/> Hallway |
| <input type="checkbox"/> Online | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> In School Suspension |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Playground | <input type="checkbox"/> Library |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Recess Area | <input type="checkbox"/> Other _____ |

Signature of Person Filing Report: _____ Date: _____