

Waterloo Central School District

Dignity for All Students Act Incident Reporting Form

Use this form to report alleged incidents of harassment, bullying, including cyberbullying, and/or discrimination. *NOTE: Anyone who files a report s/he knows to be false will be held responsible and may be reported to an appropriate law enforcement agency.*

Name of Person Reporting Incident:	Date:
Relationship to Target:	Reporting Person's Phone:
Relationship to Offender:	Did you witness this incident? Y _____ N _____

Date(s) of incident: _____

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

Grade(s): _____

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

Name(s) of possible witness(es): _____

Location of Incident: _____

Describe what happened: _____

Was actual or perceived bias observed during the incident? _____ Yes _____ No

If yes, what type:

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Weight
<input type="checkbox"/> National Origin	<input type="checkbox"/> Ethnic Group	<input type="checkbox"/> Religion
<input type="checkbox"/> Religious Practice	<input type="checkbox"/> Disability	<input type="checkbox"/> Sex
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender (identity/expression)	<input type="checkbox"/> Other

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To be completed by faculty or administration only

Investigated by: _____ Date received: _____

Action Taken: _____

Material Incident: _____ Yes _____ No

Signature of Investigator: _____

Date(s) of investigation:

Cc: Asst. Principal/Principal

DASA DAC

Student's Counselor

Classroom teacher (SY, L Only)

School Social Worker (as appropriate)

School Psychologist (as appropriate)