

DIGINITY ACT INCIDENT REPORT FORM
Camp Ave School

The purpose of this form is to inform the district of an alleged incident of harassment and/or discrimination so we can investigate and take appropriate steps. **In addition, we urge you to speak directly to Dr. Hillary Bromberg (principal) or Ms. Mary Bennett (school social worker) the school's Dignity Act Coordinators who can be reached at 516-379-3732.**

Date of Alleged Incident: _____ **Time of Alleged Incident:** _____ **Repeat infraction? YES NO**

Location of alleged Incident (circle all that apply):

Hallway Bathroom Classroom Gym Lunch Room Playground Bus Stop On Bus Parking Lot

Library Art Gym Music Stairwell Band/Orchestra WINGS Other: (please describe) _____

To/From School After School Program School Sponsored Event Text/Phone/Internet/Social Media Other: _____

Information about the alleged Incident:

Name of target(s) : _____

Name of Aggressor(s) (Person who engaged in the behavior) _____

Witnesses (List people who saw the incident or have information about the incident):

Type of Harassment/Discrimination:

Verbal

Physical: Result in injury? YES NO Reported to School Nurse? YES NO Reported to Police? YES NO

Relational

Behaviors (circle all that apply):

Pushing Tripping Kicking Grabbing Pinching Restraining Hitting Punching Threatening Hurtful teasing

Hurtful name-calling Gossip/Rumors Stealing or Damaging Possessions Sending nasty/hate/or inappropriate notes

Stealing or damaging property Excluding Taunting/ridiculing Writing/Graffiti Told Lies

Staring/Leering Intimidating/Extortion Demeaning Comments Inappropriate touching

Cyber-bullying using: Text messages Website Email Other: _____

Racial, Sexual, Religious or Disability Circle one and describe: _____

Reported to school by (circle all that apply):

Teacher Student Bystander Target Parent Bus Driver Anonymous Other: _____

Describe the alleged incident:

*Please attach any supporting documentation (i.e. copies of emails, notes, photos, etc.)
I certify that all statements on this form are accurate and true to the best of my knowledge.*

Signature

Date

Return this form in a sealed envelope:

Ms. Mary Bennett, Camp Avenue School, 1712 Merrick Avenue, North Merrick, NY 11566

Note on confidentiality:

In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused students(s)/staff.

Dignity Act Incident Follow-Up Camp Ave School

Follow-up Conference **Date:** _____ **Time:** _____

Conducted by: _____

People present:

- Principal _____ School Social Worker _____ School Psychologist _____
- Teacher _____ Student _____ Parent _____ Parent _____
- Witnesses _____ Other _____

According to student, situation is: Better Worse No difference

Comments: _____

Parent Contact: Date: _____ Time: _____ Person making contact: _____

Additional Actions / Notes:

