

HENDRICK HUDSON CENTRAL SCHOOL DISTRICT

61 TROLLEY ROAD • MONTROSE, NEW YORK 10548 • (914) 257-5100

Dignity Act Coordinator Recording Form

Name of DAC taking the report:		Date:	
Name of person reporting:			
Contact Information:	Phone:	E-Mail:	
Relationship to Student on whose behalf you are reporting:		Means by which report was received:	
☐ Friend	☐ Parent	☐ In person	
☐ Self	☐ Witness	☐ Phone	
☐ Teacher		☐ E-mail	
☐ Other:		☐ Using report form	
Name of Student(s) subjected to harassment or discrimination:			
Program:		Grade:	
Characteristics (actual or perceived) targeted as described/reported to the person making the report. <i>Check all those that apply:</i>			
☐ Race	☐ Color	☐ National Origin	☐ Ethnic Group
☐ Weight	☐ Gender	☐ Gender Identity/Expression	☐ Disability
☐ Sexual Orientation	☐ Religion	☐ Religious Practices	
Has this incident/discrimination been previously reported? Yes ☐ No ☐			
If yes, to whom and when?			
To the best of your ability, please indicate the date, time, place and name (s) of the person(s) engaging in the alleged harassment or discrimination of the student:			
Date:	Time:	Location:	
Alleged Harasser (s):			
Witnesses:			

Give a brief description of the incident(s) as reported (who, what, when, where, how often?)

Action Taken:

☐ Founded*

☐ Unfounded

☐ Substantiated*

☐ Unsubstantiated

☐ Resolved

☐ Required Further Action*

* - Complete Section Below

Recommended Next Step(s):

Signature:

Date: