

Wyoming Central School District

Dignity for All Students Act

Report Form

PERSON REPORTING INCIDENT

Name: Click here to enter text.	Phone Number: Click here to enter text.
Relationship to Alleged Victim: Click here to enter text.	Did you witness the incident? Click here to enter text.
Today's Date: Click here to enter text.	Time(s) of Incident: Click here to enter text.
Date(s) of Incident: Click here to enter text.	Material Incidents: ☐ Yes ☐ No

Name of Alleged Victim: Click here to enter text. **Grade/Age:** Select One/ Select One

School: Wyoming Central School **Out of District School:** Click here to enter text.

Name(s) of Alleged Offender(s): Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.	Grade/Age: Select One / Select One Grade/Age: Select One / Select One Grade/Age: Select One / Select One Grade/Age: Select One / Select One
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Name(s) of Witness(es): Click here to enter text. Click here to enter text. Click here to enter text. Click here to enter text.	Grade/Age: Select One / Select One Grade/Age: Select One / Select One Grade/Age: Select One / Select One Grade/Age: Select One / Select One
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Basis of Complaint: Select One and Select One

If other, please briefly explain: Click here to enter text.

Where did the incident happen? Choose all that apply:

☐ **Classroom**
 ☐ **Playground/Recess**
 ☐ **Cafeteria**
 ☐ **Bus**
 ☐ **Library**
 ☐ **Locker Room**

☐ **Lavatory**
 ☐ **Hallway/Stairwell**
 ☐ **On The Way To/From School**
 ☐

Electronically/Cyberspace

☐ **On School Property**
 ☐ **Off School Property**
 ☐ **School Sponsored Function**

What did the alleged offender(s) say or do? Explain in the space provided.

Click here to enter text.

Did a physical injury result from this incident?

- ☐ No
- ☐ Yes (no medical attention needed)
- ☐ Yes (medical attention needed)
- ☐ Evaluation Done by School Nurse
- ☐ Other Medical Intervention - Specify: Click here to enter text.

Is there any additional information you would like to provide?

Click here to enter text.

Signature: _____ Date: _____

(This report may be done anonymously, but doing so may limit the follow-up that can occur.)

Administrator / School Counselor/Teacher:

☐ Meet with Principal/Asst. Principal	☐ Verbal Warning	☐ Parent/Guardian Contacted
☐ Increased Supervision	☐ Meet with Counselor/School Psych.	☐ Conflict Resolution
☐ Awareness/Sensitivity Counseling Session on Bullying/Harassment	☐ Referral for Counseling Services	☐ Community Service (Parental Permission)
☐ Prevention, Intervention Program or Strategy, Explain: Click here to enter text.		
☐ Referral for Counseling/ Treatment Program	☐ Detention	☐ Referral to Community-Based Organization
☐ ISS	☐ OSS	☐ OSS/Superintendent Hearing
☐ DASA - Student Training	☐ Behavior Contract	☐ Suspension from Activities
☐ Transfer to Alternative Ed.	☐ Law Enforcement Notified	
☐ Other Supports Offered or Other Disciplinary Actions Taken: Click here to enter text.		