



Frankfort-Schuyler Central School

This form **CAN** be completed by anyone who is concerned about an incident

This form **MUST** be filled out by any staff member who has been made aware of an incident (s).

Please fill out this form with as much information as possible and hand into the Dignity Act Coordinator, A Counselor or the Main Office

1	Date the report is being filled out:	
2	Name of person filing the report:	
3	Identification of person filling out this form: • Check all that apply	☐ I am the alleged victim ☐ I am the parent or in parental relation to the alleged victim ☐ I am a student ☐ I am a staff member reporting an incident ☐ I witnessed a problem ☐ I was told about a problem
4	The Best Way(s) to Reach Me: • Fill Out All That Apply	Phone number: _____ Email: _____ Come find me here: _____
5	Identify the Alleged Victim	Student's Name: _____ Student's Grade: _____
6	Identify the Alleged Offender (s) List the name of student(s) or adult(s) who are being accused	1. Name _____ ☐ student or ☐ adult 2. Name _____ ☐ student or ☐ adult ☐ The offender is not known
7	I would best describe the incident(s) as related to the students: • Check all that apply	☐ Weight (over or under) ☐ Height ☐ Physical Feature ☐ Clothing ☐ Disability ☐ Illness/Allergy ☐ Positive Academic Achievement ☐ Participation in an activity (music, theater, art, etc.) ☐ Sexual orientation ☐ Gender identity ☐ Poverty ☐ Religion ☐ Cultural Beliefs ☐ Race ☐ Other characteristics:
8	The incident(s) have occurred in the following location(s): • Check all that apply	☐ classroom ☐ hallway/locker ☐ cafeteria ☐ playground ☐ school bus ☐ gymnasium/locker room ☐ library ☐ at an off-campus school event ☐ internet/social media ☐ athletic field ☐ school entrance/exit ☐ band room ☐ computer lab ☐ off school property ☐ parking lot ☐ other _____



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The incident(s) has/have involved the following:

• Check all that apply

- ☐ **Physical (direct)**—hitting; punching; tripping; kicking; pushing; scratching; ganging up; extortion; damaging property
- ☐ **Social/Relational (direct or indirect)**—excluding or threatening to exclude; spreading rumors/gossiping; ostracizing; alienating; using threatening looks/glances
- ☐ **Verbal (direct)**—name calling; teasing; intimidating; threatening; taunting; making offensive or discriminatory remarks (rude and or lewd)
- ☐ **Cyberbullying**—sending insulting messages or threats by email, text messaging, on social media, chat rooms, etc.

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Please describe the Incident

- Describe what was said and/or done and by whom
- Attach any evidence and an additional sheet for description of the incident if applicable:

Is this the first time this has happened? ☐ yes ☐ no ☐ unsure

☐ Date(s) and time(s) of the incident(s) _____

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Other Witnesses: Please identify any other people who may have witnessed the incident(s) (Attach additional sheet if necessary)

1. _____ ☐ student ☐ adult

2. _____ ☐ student ☐ adult

3. _____ ☐ student ☐ adult

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Have you reported this situation to anyone else before filing this complaint?

☐ No

☐ Yes, I reported this to _____ on _____

Name Date

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Was medical treatment needed by anyone involved in this situation

☐ I don't know ☐ No

☐ Yes, here is what I know