

Williamson Central School

williamsoncentral.org
315-589-9661

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Williamson, NY
14589

E. Bridget Ashton
Superintendent of Schools

School:	
DAC:	
Today's Date:	
Name of Reporter:	

Role of Person reporting the incident (check one):

- | | |
|--|---|
| ☐ Anonymous Report | ☐ Parent/Guardian |
| ☐ Student Target | ☐ Staff Member |
| ☐ Student (witness) | ☐ Other (please specify) |

Phone:		Email:	
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What was the reporter's involvement in the incident?

- ☐ I was directly involved in the incident
☐ I observed the incident
☐ I heard about the incident

The below sections contain confidential information

Name of Target:		Grade:	
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Name of Alleged Offender(s)	Age	School	Is he/she a student?

Where did the incident take place? (Check all that apply)

- ☐ On school property
- ☐ On a school bus
- ☐ At a school-sponsored event off school property (game, field trip, etc)
- ☐ On the way to/from school
- ☐ Other (please specify):

Type of Incident (check all the apply):

- ☐ Physical Contact (kicking, punching, spitting, tripping, pushing, taking belongings)
- ☐ Verbal threats (name-calling, put-downs, teasing, taunts, threats)
- ☐ Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
- ☐ Abuse (actions or statements that invoke fear of bodily harm)
- ☐ Cyberbullying (misusing technology/social media to harass, tease, threaten, etc)
- ☐ Other (describe):

Were there any witnesses?

Name of Witness(es)	Student/Adult	School	Grade

Describe the incident: Things to include: what was happening when the incident occurred, what did the alleged offender(s) say/do, did anyone intervene? Be specific. Attach any copies of text messages, emails, etc if applicable.

Types of Bias Involved (if known): (Check all that apply)

- | | | |
|-----------------------------------|---|---|
| ☐ Race | ☐ Weight/Size | ☐ Ethnic Group |
| ☐ Religion | ☐ Religious Practice | ☐ Gender |
| ☐ Sex | ☐ Disability | ☐ Sexual Orientation |
| ☐ Color | ☐ Other (describe): | |

Was the student absent from school as a result of the incident?

- ☐ No
- ☐ Yes, number of days:

Describe the impact this incident has had on the target student:

Have the offending actions or resulting affects continued?

- ☐ Yes
- ☐ No

What do you think should be done to resolve the situation?

Does the victim have a trusted adult in the school they feel comfortable speaking with about any future incidents/affects?

- ☐ No
- ☐ Yes
- ☐ Unsure

You/the victim can always contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whoever you/they are most comfortable with) for information, assistance or support at any time.

