**NEW YORK STATE SCHOOL FOR THE DEAF**

401 Turin Street Rome, NY 13440



Dignity for All Students (Bullying/Harassment/Discrimination) Incident Reporting Form

**Directions:** Harassment, discrimination, or bullying are serious incidents and ***will not be tolerated****.* Please use this form to report alleged harassment, discrimination, or bullying that occurred on school property, at a school sponsored activity or event, on a school bus, or on the way to and/or from school.  **Any person** (student, parent/caregiver, faculty/staff member, etc.) **observing**, or **being the target** of bullying, discrimination, harassment or perceived bullying, discrimination, harassment activity **reports the observation**. **Please complete and return this form to your DASA Coordinator, Chris Kimball.** If unsure whether an incident constitutes bullying/harassment/discrimination, complete this form and consult with your DASA Coordinator.

**PERSON REPORTING THE INCIDENT\* (PLEASE PRINT)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent School Staff Student

 (Circle One Above)

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s)/Time(s) of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who was the offender or offenders? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who was the target or targets? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did the incident happen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this the first time this incident has occurred? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were there any witnesses (adults or students)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If answered yes, who were the witnesses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did a physical injury result from this incident? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If answered yes, was the victim brought to the nurse for an evaluation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the incident of bullying, harassment, and/or discrimination (including cyberbullying) based on the following (circle one or more that apply):

Race Color Weight/Size National Origin Ethnic Group

National Origin Religion Religious Practice Disability Sex

Gender Sexual Orientation

Please describe the incident(s) of bullying, harassment, and/or discrimination in detail (this includes cyberbullying).

Is there any additional information you’d like to provide?

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*ONCE THIS FORM IS COMPLETED PLEASE SUBMIT IT TO YOUR DASA COORDINATOR (CHRIS KIMBALL)**