**NEW YORK STATE SCHOOL FOR THE DEAF**

401 Turin Street Rome, NY 13440



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

**Directions:** Any incident of bullying is serious and ***is unacceptable at NYSSD***. **NYSSD is a bully free zone** and a school that prides itself on respect for each other and helping out each other when needed. Any time a student witnesses any student bullying another student they have a responsibility to report it to staff so we can keep our school safe. **If you have witnessed bullying complete this form and return it to Chris Kimball, your school counselor**. This report will remain private and won’t be shared with other students. Thank you for keeping our school safe.

PERSON REPORTING THE INCIDENT\* (PLEASE PRINT)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Who was the bully or bullies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who was the victim or victims of bullying? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did the bullying happen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

If yes, who were the witnesses/bystanders? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 CHRIS KIMBALL\***

***This section is to be completed by the DASA Coordinator***

Were there findings that an incident(s) of bullying, harassment, and/or discrimination occurred? If yes, explain.

What intervention strategy was utilized to ensure this behavior is eliminated?

Were the parents of the victim contacted? If yes, how were they contacted and what date/time?

Were the parents of the offender contacted? If yes, how were they contacted and what date/time?

Please explain your post-intervention strategy, frequency, staff responsibilities, and duration to ensure this incident doesn’t occur again within the school setting.

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