

INSTRUCTIONS FOR COMPLETION OF DIGNITY ACT INCIDENT REPORTING FORM¹

The Carmel Central School District is committed to offering its students an educational environment that is free of harassment, bullying or discrimination. Towards that end, it has created a Dignity Act Incident Reporting Form through which any individual possessing information suggesting that a student has been subject to such harassment, bullying or discrimination can report such information so that it may be properly investigated and addressed.

1. **Who should complete this form?** The attached form is intended to be used by staff, students and/or parents to report incidents of harassment, bullying discrimination directed against students.
2. **When should this form be completed?** This form should be completed when there is evidence suggesting that a student has been subjected to any of the following:
 - a. **Harassment or bullying.** The creation of a hostile environment by conduct or by threats, intimidation or abuse, including cyberbullying, that (a) has or would have the effect of unreasonably interfering with a student's educational performance, opportunities or benefits, or mental, emotional or physical well-being; or (b) reasonably causes or would reasonably be expected to cause a student to fear for his or her physical safety; or (c) reasonably causes or would reasonably be expected to cause physical injury or emotional harm to a student; or (d) occurs off school property and creates or would foreseeably create a risk of substantial disruption within the school environment, where it is foreseeable that the conduct, threats, intimidation or abuse might reach school property.

¹ This document is an educational record under the Family Educational Rights and Privacy Act (FERPA) and may be subject to disclosure, in whole or in part, to the parents of students referenced therein.

- b. **Discrimination.** Any form of discrimination against students prohibited by state or federal law (e.g., the denial of equal treatment, admission and/or access to programs, facilities and services based on the person's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender, [including gender identity], or sex).
3. **Are there specific time requirements for completion and submission of the form?** Yes. Information regarding alleged harassment, bullying or discrimination should be orally reported by staff within one school day of receipt of such information, followed by completion and submission of this form within two school days of receipt of such information. All others should orally report such information as soon as practicable, followed by completion and submission of this form as soon as practicable.
4. **To whom should the completed form be submitted?** The completed form should be submitted to the building principal of the school that the student attends. If the student is attending an out-of-district school as a result of a CSE-recommended placement, the form should be submitted to the Director of Pupil Services.
5. **To whom should I direct any further questions that I may have?** Any questions should be directed to your building Dignity Act Coordinator or your building principal.
6. **Are there other sources of information regarding the prohibition against harassment, bullying or discrimination of students?** Yes. Additional information is available in the District's policy book and Code of Conduct, both of which are available on the District's web page, and from the New York State Education Department's web page (www.nysed.gov).

CARMEL CENTRAL SCHOOL DISTRICT

DIGNITY ACT INCIDENT REPORTING FORM¹

Instructions: complete the form, make a copy and submit the original to the Principal's Office.

Name of Reporter: _____ Date of Report: _____

Relationship to Student on whose behalf you are reporting: _____

Name of Student subjected to harassment/bullying/discrimination (target): _____

Grade of target: _____ School of target: _____

Name of suspect(s): _____ Grade of suspect(s): _____

School of suspect(s) _____ Did you witness the incident(s)? ☐ Yes ☐ No

List any witnesses: _____

Check all of the behaviors that the target has experienced:

- | | | |
|--|---|--|
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Tripping | <input type="checkbox"/> Hitting |
| <input type="checkbox"/> Punching | <input type="checkbox"/> Slapping | <input type="checkbox"/> Kicking |
| <input type="checkbox"/> Pinching | <input type="checkbox"/> Grabbing | <input type="checkbox"/> Spitting |
| <input type="checkbox"/> Hurtful Teasing | <input type="checkbox"/> Name Calling | <input type="checkbox"/> Insulting Remarks |
| <input type="checkbox"/> Spreading Rumors/Lies | <input type="checkbox"/> Sending Hate Notes | <input type="checkbox"/> Hurtful Graffiti |
| <input type="checkbox"/> Socially Rejecting | <input type="checkbox"/> Threats | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Intimidation | <input type="checkbox"/> Cyber bullying | <input type="checkbox"/> Other _____ |

Add a brief description of the incident (including the date, time and place of the behavior(s). Use an additional page if necessary: _____

The behavior(s) are suspected of being based upon the following characteristics

(actual or perceived) of the target (check all that apply):

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Gender | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Ethnic Group |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Disability | <input type="checkbox"/> None of the Above | <input type="checkbox"/> Other _____ |

¹ Retaliation or threats of retaliation against any person involved in an investigation or harassment, bullying or discrimination will not be tolerated. If you believe that you have been subjected to such action as a result of your cooperation, please contact the building Dignity Act Coordinator or the building principal.

Check where the behaviors have been observed. Check all that apply.

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Locker Room | <input type="checkbox"/> Stairway |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Lunch Detention | <input type="checkbox"/> Unauthorized Area |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Office | <input type="checkbox"/> Off campus (non school sponsored) |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Off campus (school sponsored) | <input type="checkbox"/> Hallway |
| <input type="checkbox"/> Online | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> In School Suspension |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Playground | <input type="checkbox"/> Library |
| <input type="checkbox"/> Gym | <input type="checkbox"/> Recess Area | <input type="checkbox"/> Other _____ |

Signature of Person Filing Report: _____ Date: _____

FOR ADMINISTRATIVE USE:

Prior instances of harassment/bullying/discrimination on the part of the suspect, along with consequences imposed: _____

Investigation of Allegations

- ☐ No further investigatory action required.
- ☐ Further investigation required. Person conducting investigation: _____
- ☐ Persons interviewed (attach statements or notes, if applicable):

1. Name: _____	Date: _____
2. Name: _____	Date: _____
3. Name: _____	Date: _____
4. Name: _____	Date: _____
5. Name: _____	Date: _____

☐ Documents reviewed (list and describe): _____

Conclusions

- ☐ I find that the target was the victim of harassment, bullying or discrimination.

- ☐ I find insufficient evidence to conclude that the target was the victim of harassment, bullying or discrimination.
- ☐ Due to the target's lack of cooperation in the investigation, I do not have sufficient evidence upon which to find that harassment, bullying or discrimination occurred.
- ☐ Comments: _____
- _____
- _____
- _____

If harassment, bullying or discrimination is found, check the specific actions

taken to prevent and stop the behavior(s):

- | | |
|---|--|
| <input type="checkbox"/> After School Detention | <input type="checkbox"/> Mediation Adult |
| <input type="checkbox"/> Bus Detention | <input type="checkbox"/> Mediation Peer |
| <input type="checkbox"/> Bus Suspension | <input type="checkbox"/> Out of School Suspension (short term) |
| <input type="checkbox"/> Conference | <input type="checkbox"/> Saturday School |
| <input type="checkbox"/> Detention | <input type="checkbox"/> Social Suspensions |
| <input type="checkbox"/> Expulsion | <input type="checkbox"/> Superintendent Hearing |
| <input type="checkbox"/> Assigned Seat on Bus | <input type="checkbox"/> Suspension of Privileges |
| <input type="checkbox"/> In School Suspension | <input type="checkbox"/> Warning |
| <input type="checkbox"/> Lunch Detention | <input type="checkbox"/> Other _____ |

Additional comments: _____

Parent(s) of target contacted by: _____ Date: _____ Time: _____

Parent(s) of suspect contacted by: _____ Date: _____ Time: _____

Summary of conversations with parent(s): _____

Follow Up Activities (including person[s] responsible for conducting):

Signature of Administrator: _____ Date: _____

