

POUGHKEEPSIE CITY 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: _____