

Sandy Creek Central School District Harassment, Bullying, Discrimination Reporting Form

Sandy Creek Central School District is committed to providing a safe, supportive environment free from harassment, bullying or discrimination. The District encourages the involvement of staff, students, parents and community members in the implementation and reinforcement of the Dignity for All Students Act (DASA). If you believe you, or someone else, has been the target of harassment, bullying – including cyberbullying – or discrimination, please use this form to report all allegations.

Please complete the form in its entirety, and return to the school administrator or Dignity Act Coordinator. Contact information can be found on the school website. Administration will review and respond to each incident in the context of the student Code of Conduct.

		nanner. Anonymous reports ma inary consequences and may be		
Today's Date:	Name o	f Person Reporting Incic	lent:	
Person reporting inci	ident is:			
Student	Witness	Parent/Guardian	Staff Member	Other
Contact Information	: Phone#	E	mail	
1. Name of target:			_	Grade:
4. What was your inv				
I was directly i	involved in the incident	I observed the inci	dent I heard al	bout the incident
5. Incident Occurred	:			
During regular	school hours	Before or after regular sch	nool hours	
6. The individuals in	volved:			
Student	Employee	Both student	and employee	
7. Location of incide	ent:			
Auditorium	Bus	Girls bathroom	Hallway	Playing Field
Boys bathroom	Cafeteria	Girls locker room	Parking lot	Cyber offense
Boys locker room	Classroom	Gymnasium	Playground	Other

8. The incident involved (choose all that apply):

- _____ Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
- _____ Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
- _____ Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
- _____ Abuse (actions or statements that put an individual in fear of bodily harm)
- _____ Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures[sexting])

		ent. What happened (be as a pies of text messages, emai	specific as possible). What did the ls, etc. if possible.		
10. Type of bias, if	any, that was involved ((check all that apply):			
Race	Weight/Size	Religion	Sex		
Color Disability	National origin Ethnic Group	Religious Practice Gender	Sexual Orientation		
11. Name of witnes	ss(es), if any				
12. Did a physical i	njury result from this in	cident? (Indicate one of the fol	lowing):		
No	Yes, but it did not require me	edical attention Yes, and	it required medical attention		
		result of the incident?	_YesNo		
14. Is there any add	litional information you	would like to provide?			
I swear or affirm th	at this complaint is true	and correct to the best of m	ny knowledge, information and belief.		
Signature:	Date:				
Administrative Act					
	IOII/INOLES.				

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