SACKETS HARBOR CENTRAL SCHOOL DISTRICT

215 South Broad Street, PO Box 290, Sackets Harbor, NY 13685

Dignity for All Students (Bullying, Harassment, and Hazing) **Bullying Reporting Form**

The Dignity for All Students Act amends Education Law to put in place procedures for the creation of school environments free of discrimination and harassment. The law is effective July 1, 2012. "The legislature finds that students' ability to learn and to meet high academic standards and the school's ability to educate its students, are compromised by incidents of discrimination or harassment including bullying, taunting, or intimidation."

Directions: Harassment, hazing, or bullying are serious and *will not be tolerated*. Please use this form to report alleged harassment, hazing or bullying that occurred on school property, at a school sponsored activity or event, on or off school property, on a school bus, or on the way to and/or from school. Any person (student, parent/caregiver, community member, faculty/staff member, etc.) observing, or being the target of bullying, hazing, harassment or perceived bullying, hazing, harassment activity **reports the observation**. **Please complete and return this form to Ms. Gaffney or Mr. Tastor.** Contact the school for additional information or assistance.

PERSON REPORTING INCIDENT* (PLEASE PRINT)

4. Where did the incident happen? Choose all that apply:	
□Classroom □Playground / Recess □Field Trip □Cafeteria □School Bu way to / from school □Locker Room □Electronically/Cyberspace □ Other:	s □Library □Hallway □On the
5. Place an (X) next to the statement(s) that best describe what happened	ed. Choose all that apply:
 □ Hitting, kicking, shoving, spitting, hair pulling, or throwing somethin □ Getting another person to hit or harm the student □ Teasing, name-calling, making critical remarks, or threatening, in person to be personal properties of the person to the person to turn the person the person to turn the person to turn the person the person to turn the person	erson or by other means
6. What did the alleged offender(s) say or do? Explain in the space provi	ded below.
7. Is this the first time? Yes No If not, what happened?	
9. Is there any additional information you would like to provide? Explain	in the space provided below.
Signature*:	Date:

Please complete and return this form to Ms. Gaffney or Mr. Tastor.

^{*}This report may be completed anonymously, but doing so may limit the follow up that can occur.