

Belleville Henderson Central School District

BULLYING INCIDENT REPORTING FORM (Confidential)

DIGNITY FOR ALL STUDENTS ACT

It is the Policy of the Belleville Henderson Central School District to provide a school environment that is free from harassment, bullying and discrimination for all students. Harassment or discrimination of a student by another student or by school employees on our school property or at a school function on the basis of actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender or sex is expressly prohibited.

Contact Information

Person completing this form: _____ Date: _____

Name: _____ Address: _____

Telephone Number(s): _____

Email Address: _____

Relationship to the student on whose behalf you are reporting: (select one)

- Self Friend/Classmate Teacher/Administrator Parent Relative Other

Incident(s) – Description and Location (attach additional pages, as necessary)

Name of targeted student: _____

School attending _____ Age/Grade _____

Relationship between the target and aggressor (if known) _____

Date(s) of the alleged incident(s): _____

Which building/location? _____

Location of incident Within Building (be specific)

Classroom Hallway/Stairs _____ Restroom _____

Playground _____ Locker Room _____

Lunchroom _____ Athletic Field _____

Parking Lot _____ Field Trip (on /off school property) _____

School sponsored event (list) _____ Other _____

School bus (on the way to school/on the way home) _____

Please describe the incident: _____

Please identify the behavior(s) or actions observed or witnessed from the aggressor(s) (check all that apply)

- Teasing Name–Calling Rude Gestures Hitting/Punching Threatening gestures Intimidation
- Threat of harm Pushing/Shoving Kicking/Tripping Excluding/Rejecting the Student Graffiti
- Mimicking/Imitating or Mocking Spreading Rumors or Gossip Stealing Demanding Money/Items
- Putting the Student Down/Making the target of jokes Getting someone else to threaten/hit/harm another student
- Other: _____

Please identify any potential witnesses: _____

Frequency of incident(s): (Time and places): _____

Please identify what characteristics (actual or perceived) of the targeted student were the subject of the discriminatory or harassing behavior: (Check all that apply).

- Race Color National Origin Ethnic Group Weight Gender Identity/Expression Gender
- Sex Sexual Orientation Disability Religion Religious Practice Other _____

Was there any physical injury as a result of the incident? _____

If you answered yes above, please describe: _____

Did you report this information to the school? _____

To whom? _____ When? _____

What outcome would you like to see? _____

Retaliation or threats of retaliation against any person involved in an investigation of harassment or discrimination (including those who initiate the complaint, participate or conduct the investigation or are involved or testify related to the complaint) is a violation of
Please send this confidential form to Mr. Shaun Gagan, Dignity Act Coordinator, via email to sgagan@bhpanthers.org or via mail to: Belleville Henderson Central School 8372 County Route 75 Adams NY 13605