

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 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 school property/off school property) _____

School sponsored event (list) _____ Other: _____

School Bus (on the way to school/on the way home from school) _____

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 ☐ Putting the Student Down/Making the Target of Jokes
☐ Getting someone else to threaten/hit/harm another student ☐ Demanding Money/Items

Other: _____

Please identify any potential witnesses: _____

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

Please identify what characteristics (actual or perceived) of the targeted student which 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? _____

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 the law. If you believe that you have been subjected to retaliation on the basis of your cooperation with the investigation, please notify the Dignity Act Coordinator, Mr. Shaun Gagan at (315) 846-5826.

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