

INCIDENT REPORTING FORM DIGNITY FOR ALL STUDENTS ACT

It is the Policy of the Mayfield 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 the basis of actual or perceived race, color, weight, national origin, ethnic group, religious practice, disability, sexual orientation, gender or sex is expressly prohibited. If you believe you, or someone else, has been the target of harassment, bullying, cyber-bullying and/or discrimination, please use this form to report all allegations.

Today's Date					
Person completing th	is form				
Role of person reporting incident					
Address					
Phone Number					
Email					
Name of Target: (Student being bullied, hard Name(s) of Offende Date of Incident(s): What was your invo	r(s):lvement in the incident incident the incident	lent? dent	Time of Incident:		
☐ On school property	☐ Off school Property	☐ On a school bus	□ Hallway/ Stairs	☐ Bathroom	
☐ Classroom	☐ Gym	□ Locker Room	☐ Cafeteria	☐ At a school function	
☐ Electronic Communication:		☐ Other (describe):			

Type of Incident (Cl	neck all that apply)								
☐ Physical Cont	act (kicking, punching,	spitting, tripping, pushin	g, taking belongings, hitti	ng, etc.)					
☐ Verbal threats (gossip, name-calling, put-downs, teasing, taunting, threatening, etc.)									
☐ Psychological (non-verbal actions (gestures, notes of threat), spreading rumors, social exclusion, intimidation, etc.)									
	or statements that put a	n individual in fear of bo	dily harm)						
☐ Cyberbullying	☐ Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures, sexting, etc.)								
☐ Other (describ	pe):								
Who was involved i	n the incident?								
☐ Student	ii tiic iiiciaciit.								
☐ Employee									
Include/attach copie	es of any documenta	tion or evidence, sucl	lid the alleged offenden as text messages, e-rease attach additional	nails, written					
If there were any ad	ults in the area whe	n this happened, wh	nat did they do?						
Name(s) of others w	ho many have witn	essed the incident.							
Types of bias involv	red (if known): (Checi	k all that apply)							
☐ Race	☐ Color	□ Weight/ Size	☐ National origin	☐ Ethnic Group					
☐ Religion	☐ Religious practice	☐ Disability	☐ Sexual Orientation	☐ Gender					
☐ Sex	Other (Descri	be):							
<u>-</u>	bsent from school and days absent	s a result of the incid	dent?						

Describe the impact this incident has had on the student (target):				
Does the situation co	ntinue to occur?			
☐ Yes				
□ No				
What do you think s	nould be done about the s	situation?		

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 building's Dignity Act Coordinator(s):

Stephany Kennedy, Elementary School, <u>kennedy.stephany@mayfieldcsd.org</u>, (518)661-8251 Angeline Conte, Jr/Sr High School, <u>conte.angeline@mayfieldcsd.org</u>, (518)661-8214 Taylor VanSlyke, Jr/Sr High School, <u>vanslyke.taylor@mayfieldcsd.org</u>, (518)661-8215