DIGNITY FOR ALL STUDENTS
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 the principal or a DASA Coordinator. Contact the school for additional information or assistance.

PERSON REPORTING INCIDENT* (PLEASE PRINT)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Telephone/Email Address:</th>
</tr>
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<tbody>
<tr>
<td>Relationship to Target:</td>
<td>Did you witness the incident?</td>
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<tr>
<th>Today’s Date:</th>
<th>Time(s) of Incident:</th>
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| Date(s) of Incident:           |

1. Name of alleged target: __________________________________________

   School (if known)_________________________ Grade/Age:___________________

2. Name(s) of alleged offender(s) (if known):                     Grade School

   ____________________________          ___      _________________

   ____________________________          ___      _________________

   ____________________________          ___      _________________

3. Name(s) of possible witness(es):

   ____________________________          ___      _________________

   ____________________________          ___      _________________

4. Where did the incident happen? Choose all that apply:

   ☐ Classroom       ☐ Playground / Recess       ☐ Field Trip       ☐ Cafeteria       ☐ School Bus       ☐ Library       ☐ Hallway

   ☐ On the way to / from school        ☐ Electronically/Cyberspace

   ☐ Other:______________________________________


5. Place an (X) next to the statement(s) that best describe what happened. Choose all that apply:
   - Hitting, kicking, shoving, spitting, hair pulling, or throwing something
   - Getting another person to hit or harm the student
   - Teasing, name-calling, making critical remarks, or threatening, in person or by other means
   - Demeaning remarks or student being made the target of joke(s)
   - Making rude or threatening gestures
   - Excluding or rejecting the student, or asking another person to turn against a student
   - Intimidating (bullying), extorting, or exploiting
   - Spreading harmful rumors or gossip
   - Electronic bullying
   - Other: _________________________________________________________________________

6. What did the alleged offender(s) say or do? Explain in the space provided below.

   __________________________________________________________

7. Is this the first time?  Yes  No
   If not, what happened? ______________________________________

8. Did a physical injury result from this incident?
   - No  Yes (no medical attention needed)  Yes (medical attention needed)  Evaluation by school nurse
   - Other medical intervention (please specify) ________________________________

9. Is there any additional information you would like to provide? Explain in the space provided below.

   __________________________________________________________

Signature*: ___________________________________________  Date: _____________

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

Please complete and return this form to the principal or DASA Coordinator at the students’ school.

Please do NOT type/write below this line:

----------------------------------------------------------------------------------------------------------------

Report received:  Case Number: __________________________

Confidential copies sent to: ______________________________

Student Code Violation occurred:  Yes  No
Follow up actions planned and outcomes, including staff member responsible for each action reported:
LANSDING CENTRAL SCHOOL DISTRICT DIGNITY ACT COORDINATORS

HIGH SCHOOL

HIGH SCHOOL PRINCIPAL: Ms. Colleen Ledley

MIDDLE SCHOOL

MIDDLE SCHOOL PRINCIPAL: Ms. Christine Rebera

ELEMENTARY SCHOOL

ELEMENTARY SCHOOL PRINCIPAL: Ms. Lorri Whiteman

DISTRICT WIDE

DIRECTOR OF SPECIAL SERVICES: Ms. Colleen Valletta

SUPERINTENDENT: Ms. Chris Pettograsso