

Solvay Union Free School District

Report to Dignity Act Coordinator of a

Material Incident of Discrimination/Harassment/Bullying

Date and Time of Incident: ___ / ___ / ___ : ___ a.m./p.m. Location: _____

Name of Offender: _____ Offender's Grade or Position: _____

Name of Victim: _____ Victim's Grade or Position: _____

Incident Reported: Orally: ___ in Writing: ___ by Whom: _____

Incident Reported to Whom: _____ (administrator/teacher/staff/student)

Names of Witnesses/By-Standers: _____

Description of Incident (attach physical evidence if available and appropriate):

Corrective or Remedial Action Taken at This Time (attach disciplinary referral if appropriate):

******* For Dignity Act Coordinator's Use *******

Incident Occurred: On School Property: ___ Off School Property at School-Sponsored Event: ___

Offenders were: Students: ___ Employees: ___ Both Students and Employees: ___

Type of Expressed Bias Was Based on Alleged Victim's Perceived or Actual (check all that apply):

Race: ___ Color: ___ Weight: ___ Sex: ___ National Origin: ___ Ethnic Group: ___

Religion: ___ Religious Practice: ___ Gender: ___ Sexual Orientation: ___ Disability: ___

Other (explain): _____

Type of Incident (check all that apply): Intimidation/Abuse: ___ Verbal Threat: ___ Physical Contact: ___

Follow- Up Date: ___/___/___

Coordinator's Signature: _____ **Date of This Report:** ___/___/___

Results of Follow-Up Contact:

INCIDENT REPORT

Student: _____	Grade Level: _____	Date: _____	Time: _____
Referred by: _____	Location: _____		

Description of Incident: _____

Minor Incident:

- Defiance/Disrespect
- Disruption
- Inappropriate Language
- Physical Contact
- Property Misuse
- Running in Hall
- Shouting/Inappropriate Voice Level
- Skipping Teacher Detention
- Tardiness
- Teasing/Name Calling
- Other

Major Incident:

- Abusive/Inappropriate Language
- Alcohol Violation
- Defiance/Disrespect
- Disruption
- Drug Violation
- Fighting/Physical Aggression
- Harassment/Bullying
- Inappropriate Touching
- Theft
- Truancy/Tardy (circle one)
- Vandalism
- Weapon(s)
- Other

Possible Motivation:

- | | | | |
|--|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Attention from Adults | <input type="checkbox"/> Attention from Peers | <input type="checkbox"/> Avoid Adults | <input type="checkbox"/> Avoid Peers |
| <input type="checkbox"/> Avoid Work | <input type="checkbox"/> Obtain Item/Activity | <input type="checkbox"/> Unsure | <input type="checkbox"/> Other |

Intervention(s) taken prior to/or as a result of this report:

- Discussed problem with student: Date(s): _____
- Contact parent – conferred with: _____ Date: _____ Time: _____
- Parent conference with: _____ Date(s): _____
- Consulted support service/counselor: Conferred with: _____ Date: _____
- Scheduled student for extra help: Date(s): _____
- Modified instructional/ behavioral techniques Tier 1 Tier 2 Tier 3 (circle one): _____
- Assigned teacher detention: Date(s): _____
- Other: _____

<input type="checkbox"/> Teacher Removal of Disruptive Student: Date: _____ Time: _____
Parent Notification – conferred with: _____ Date: _____ Time: _____

Administrative Comments:

- Dangerous Action
- Destruction of Property
- Disruptive
- Dress Code Violation
- Cell Phone Violation
- Fighting
- Inappropriate Physical Contact
- Insubordination
- Profanity
- Technology/Computer Violation
- Theft
- Other

Administrative Action:

- Conference with Student
- Time in office/to: _____
- Restitution
- Lunch Detention: _____ # of Days: _____ Date(s): _____
- Detention: _____ # of Days: _____ Date(s): _____
- Alternative Classroom: _____ # of Days: _____ Date(s): _____
- Out of School Suspension: _____ # of Days: _____ Date(s): _____
- Contacted Parent – conferred with: _____ Date: _____ Time: _____

Comment: _____

Administrator's Signature: _____ Date: _____ SIS Code: _____



Discrimination / Harassment Complaint Form

Name of Complainant: _____ Date submitted: _____

Address: _____

Home phone: _____ Cell phone: _____

Signature of Complainant: _____

The complainant is: *(check all that apply)*

_____ an employee, holding the position of _____

_____ a student, in this class _____ or in this room/area _____

_____ a parent or community member

_____ other (please specify) _____

Basis of this complaint:

_____ Race, color, national origin

_____ Sex, sexual orientation, sexual

_____ Disability

harassment, other harassment

_____ Other : _____

Discriminatory or harassing actions or nature of the discrimination:

1. Date of the first alleged discrimination/harassment: _____

If a person is involved, the name & description of the person(s) committing action(s):

Description of discrimination/harassment:

Witnesses, if any, or others who should be contacted with knowledge important to this investigation (include contact information for each person):

2. If there are several instances of alleged discrimination/harassment incidents, provide the dates & description of those incidents and those involved:

3. Others you may have discussed this complaint with, including contact information for each:

Remedy, outcome or resolution sought by complainant:

Camillus Middle School
On the Spot Intervention
Documentation Form

Date: _____ Time: _____ Staff Name: _____

Location of incident: _____

Student Name(s): _____

Description of incident: _____

Action Taken: _____

**Marcellus CSD
Behavior Documentation
Form (BDF)**



Student name: _____ Grade: _____ Time: _____

Staff name: _____ Date: _____

Location:
 classroom hallway library restroom playground lunch
 bus sidewalk parking lot internet other

Major (refer to office):

- abusive/inappropriate language
- fighting/physical aggression
- defiance/disrespect/non-compliance
- lying/cheating
- harassment/bullying
- disruption
- truancy
- property damage
- forgery/plagiarism/theft
- use/possession of controlled substance/weapon
- skipping detention
- other (see comments):

Comments:

VADIR CODE (circle): 1 2.1 2.2 3 4 5 6 7 8 9 10 11 12
 13 14 15 16 17.1 17.2 18 19 20

Minor :

- inappropriate language
- illegal class absence
- physical contact
- disruption
- defiance/disrespect/non-compliance
- late to class
- dress code
- other (see comments):

Others involved: none staff
 teacher peers unknown

Administrator Comments:

Signature: _____ Date: _____

Follow-up action(s) (actions in bold are assigned by administration):

- no recess (recess/days)
- detention (days) (date assigned _____)(Lunch _____)
- conference with student
- parent contact
- privilege loss
- time in office
- other:
- social probation (from _____ until _____)
- Saturday detention (date assigned _____ time _____)
- in school suspension (days) (date assigned _____)
- out of school suspension (days) (date assigned _____)

Parent signature

Return to main office by: _____

Parent signature: _____

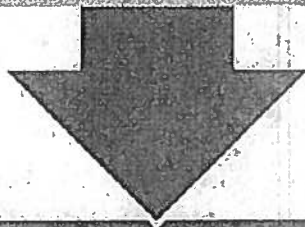
white- student/office yellow- parent pink- teacher

Marcellus Central Schools
Bullying and Harassment Procedure

Incident

Teacher/Staff completes incident report and brings to administration

Administration determines whether investigation is warranted

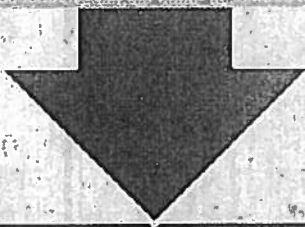


Investigation

Individual target is interviewed

Individual aggressor is interviewed

If warranted bystander is interviewed



Action Plan

Notification:

- Parent of target and aggressor is notified.
- Teacher/Staff is notified.
- If warranted law enforcement is notified.

Disciplinary Action:

- Consequences assigned to aggressor by administrator.

Bullying and Harassment form completed

Intervention:

Safety plan established for target and/or aggressor and may include:

- * Referral to counseling.
- * Referral to outside agency.
- * Increase supervision.
- * Establish additional support network.

Marcellus Central Schools

Bullying Anonymous Reporting Form

If you have information regarding bullying and would like to report this information anonymously, please fill out the following form to the best of your knowledge. Please note that this form is completely anonymous. **If you fear a student is in IMMEDIATE danger, contact your building Principal.**

(For the purpose of this form, bullying encompasses bullying, harassment, and discrimination.)

Victim Name (Last, first, middle)	Grade
Accused Name (Last, first middle)	Grade
School	School Telephone Number
Principal	Today's Date

Where/When did the incident occur? Date: _____ Time : _____

Please describe, in as much detail as possible, what happened. Use the back of this sheet if you need more room.

Do you know any of the witnesses involved? If so, please provide as much detail as possible about these people.

List/attach any other relevant information (ie -- printed facebook page, email, etc.)

Office Use only

Date Received - _____ Received by _____

Marcellus Central Schools

Bullying Complaint Report Form

If you have information regarding bullying and would like to report this information please fill out the following form to the best of your knowledge. If you fear a student is in IMMEDIATE danger, please contact your building principal.

(For the purpose of this form, bullying encompasses bullying, harassment, and discrimination.)

Complainant Name (last, first, middle)	Grade
Victim Name (last, first, middle)	Grade
Accused Name (last, first, middle)	Grade
School Site/ Department (or site where incident occurred)	Home school/Dept. of Victim
Principal/Administrator	Incident Date

Describe the location where the incident took place:

Describe the incident:

List all witness names and grades:

List/attach any other relevant information (i.e. printed email, Facebook page, etc.)

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of complainant

Date

Name of person receiving Bullying Complaint Form

Date

Thank you. This report will be followed up. Due to confidentiality disclosure of the result of this report may be limited.

Office Use Only

Date Received - _____

Received By _____

Dignity Act

Page 1

Under page 1 <http://www.p12.nysed.gov/dignityact>

Page 2

Page 3

Page 4

Process for Reporting

If you would like to report an incident of alleged bullying or harassment, please complete one of the following forms. Please print form and send to the office of the Assistant Superintendent of Pupil Services at 2 Reed Parkway Marcellus, NY 13109

[Anonymous Reporting Form](#)

[Complaint Reporting Form](#)

Ways you can help

If you know someone who is being bullied here's how you can help:

Ask questions: Break the "code of silence" that often surrounds bullying. Encourage the person to talk about what happened. Listen carefully to what you he/she says. Encourage them to report the incident.

Be calm and supportive: Never blame a person for being bullied. Instead, let the person know it's not his/her fault.

Contact the school

If you know someone who acting out bullying behaviors here's how you can help:

Don't Excuse it or Ignore it: Let them know that you are concerned. Ask if they need help

Teach Respect and Responsibility: Help change a bullying behavior by teaching that bullying hurts people. Help them to take responsibility for his/her actions.

Contact the school

Marcellus Central Schools Bullying and Harassment Assessment Form

Investigator: _____ Position: _____

Investigator: _____ Position: _____

Interviews:

Dates/Times of incident(s): _____

Location of incident(s): _____

Name of Target (of behavior): _____

Interview Date: _____ Interview conducted by whom (Initial) _____

Target's statement:

Name of Aggressor(s): _____

Interview Date: _____ Interview conducted by administrator (Initial) _____

Aggressor(s) statement:

Name of Witness: _____

Title _____

Interview Date: _____ Interview conducted by whom (Initial) _____

Witness Statement:

Name of Witness: _____

Title _____

Interview Date: _____ Interview conducted by whom (Initial) _____

Witness Statement:

Any prior documented incidents by the aggressor? Yes _____ No _____

If yes, have incidents involved target previously (Explain)? _____

Finding of bullying or harassment? Yes ___ or No ___

Administrative Findings of the Interviews:

Disciplinary Actions Taken:

Safety Plan Established:

- Parent/s of Target notified Date: _____
 - Parent/s of Aggressor notified Date: _____
 - Meeting with Parent/s arranged Date: _____
 - Law Enforcement notified Name of Person/agency contacted: _____ Date: _____
 - Teachers/staff of target notified Date: _____
 - Teacher/staff of aggressor notified Date: _____
 - Target referred to school counselor Target referred to outside agency
 - Aggressor referred to school counselor Aggressor referred to outside agency
 - Target understands the steps to take if he/she does not feel safe
 - Target linked with other staff for additional support
- Additional staff includes: _____
- Increased supervision of Target
- Supervision provided by: _____
- Increased supervision of Aggressor
- Supervision provided by: _____

Additional Interventions:

Signature(s): _____ Date: _____

Marcellus Central Schools

Disciplinary Action Plans

Level 1

- Time out
- Suspension of privileges
- Supervised break times
- Discussion and/verbal warning
- Telephone notification
- Written notification
- Detention
- Removal from classroom
- Reassignment of seat/lunch/bus
- Completion of letter of acknowledgement
- Student behavioral plan
- Increased adult supervision

Level 2

- Restricted from certain areas of school
- Suspension from transportation
- Suspension from social and extracurricular activities
- In school suspension
- Referral to outside agency
- Request for release of information
- Reparation to target by aggressor
- Community service

Level 3

- Out of school suspension
- Superintendent's hearing
- Permanent suspension from school
- Reassignment of classes
- Reassignment to alternative school
- Report to law enforcement officials
- Completion of psychological assessment

Resources

Bullying Prevention

<http://www.stopbullying.gov>

Target Bullying

<http://www.targetbullying.com>

National Bullying Prevention Center

<http://www.pacer.org/bullying>

Kids Health

<http://kidshealth.org/parent/emotions/behavior/bullies.html>

Bullying Statistics

<http://www.bullyingstatistics.org>