

BULLYING - HARASSMENT - DISCRIMINATION REPORT FORM

The Herkimer Central School District and the Board of Education take bullying, harassment, and discrimination very seriously. We are committed to providing a positive school environment for all of our students. By filling out a report you are asking the school's Dignity Act liaison to begin an investigation. You will also be putting the Dignity Act Coordinator (the school's principal) on notice of the report. You may report bullying, harassment, or discrimination of any kind that may impact a student's school day or the school environment. It is important to know that the more details you can provide in your report the more effective we can be with our investigation. The report will be submitted anonymously, however, we encourage you to be as complete and specific as possible.

Today's Date: _____ **Time of report:** _____ **School:** Herkimer Jr./Sr. High or Elementary

Person Reporting: _____ **You are a:** student parent/guardian other friend or relative

Name(s) of victim(s): _____ **Name(s) of student(s) bullying:** _____ **Name(s) of Witnesses/Bystanders:** _____

Type of Bullying (circle all that apply):

Called Mean Names Excluded Hit, Kicked, Punched Told Lies or False Rumors
Threatened Racial Comments Sexual Comments Took/Damaged Possessions
Other (explain): _____

Bullying was based on actual or perceived (circle all that apply):

Race Color Weight National Origin Ethnic Group Disability
Religion Religious Practice Disability Sexual Orientation Gender Identity Sex

Where did the bullying happen? (circle all that apply):

Field/Court (Sports) Hallway Stairway In class with teacher In class without teacher
Locker Room Bathroom Dismissal Cafeteria Recess School Event
To/From School On school bus Bus Stop Electronic (i.e. Facebook, Texting)
Specify/Other: _____

People the victim has spoken to about the bullying incident (circle all that apply and write in names if known):

Teacher Other Adult at School/on Bus Parent/Guardian/Sibling Friend

Explain what occurred (use back of form if needed): _____

-----FOR OFFICE USE ONLY-----

Report Taken By: _____ Date/Time: _____
Repeat Offender? Yes No Parent Contact? Yes No Date: _____ Discipline Referral? Yes No
Founded _____ Unfounded _____ Referred to: _____