

**STUDENT HARASSMENT AND BULLYING PREVENTION AND INTERVENTION
EXHIBIT**

THE DIGNITY FOR ALL STUDENTS ACT

GENERAL INFORMATION:

The Wynantskill Union Free School District is committed to maintaining a welcoming school environment to all of our students regardless of their actual or perceived race, disability, religion, religious practice, gender (including gender identity expression), sex, including sexual identity, orientation, weight, national origin, ethnic group.

Please answer all questions to the best of your ability. If you are unable to answer something or would prefer to discuss specific details with a school official, please be sure to include contact information so that we can follow up with you directly.

Anyone reporting harassment is protected against retaliation for reporting. Any retaliation or threat of retaliation against a reporter should be reported immediately to ensure a timely disciplinary response by the administration.

STUDENTS/PARENTS

If you are a student or parent completing this form, thank you for your involvement in helping our district enforce the law. Your cooperation is very important. We encourage you to include your name and contact information to assist further, if necessary, in the investigation which will be kept confidential and the content of the complaint is only disclosed to those who have a need to know.

EMPLOYEES

All employees are required to orally notify the principal or Dignity Act Coordinator no later than one school day after such employee witnesses or receives a report of harassment, bullying, and/or discrimination. School employees shall complete this form within two school days after making an oral report and will be indemnified for good faith reporting, as required by law as mandated reporters.

Adoption date: November 17, 2016

**HARASSMENT AND/OR BULLYING COMPLAINT
FORM**

Please use this form to report incidents of bullying which you believe are occurring in our school. The information you share will NOT be shared with other students. By helping us know what to look for, adults can be “assigned” to places where bullying occurs and reduce the chances that bullying will happen.

Please check, where applicable:

I am a student _____ Parent _____
Employee _____ Position _____ Other _____
Name: _____

Relationship to Target:

I am the target of the alleged harassment Yes _____ No _____
I am the parent of the target Yes _____ No _____
Other (Please Describe your relationship to the target) _____

Source of Information Reported

I received a report of harassment/bullying or discrimination Yes ___ No ___

Report made by: _____

I observed harassment/bullying or discrimination Yes ___ No ___

Other: _____

Name of Target(s) of alleged bullying, harassment: _____

Name(s) of alleged aggressor(s) _____

In my opinion, the student named above was targeted because of his/her actual or perceived (check those that apply):

Race _____ Color _____

Weight _____ National Origin _____

Ethnic Group _____ Religion _____

Disability _____ Sexual Orientation _____

Religious Practice _____

Gender _____ (identity or expression) Sex _____

None of the above: _____ Please explain: _____

Date(s) of Incident(s):

Incident (1) Date: _____ Approximate time _____
Location _____ Potential Witnesses: _____

Incident (2) Date: _____ Approximate time _____
Location _____ Potential Witnesses: _____

Incident (3) Date: _____ Approximate time _____
Location _____ Potential Witnesses: _____

Please describe where the incident occurred and in your own words describe to the best of your ability what you observed for each incident listed. (Please number the incidents as you describe them provide as many details as you can recall and be as specific as possible including the names of all persons who participated in the alleged harassment):

Cyberbullying

If the harassment involved the use of any electronic communications, please answer the questions below: How did you become aware of the electronic communication?

Date and Time: _____ Sent By: _____
Other Recipients: _____

If available please provide the link(s) to the page or forward a copy of the message you received to:

stoomey@wynantskillufsd.org

or

amurphy@wynantskillufsd.org

If you have any additional information you believe may be relevant to our investigation, please advise: _____

ACKNOWLEDGEMENT

To the best of my knowledge, all of the information I have reported here is accurate and true.

Signature _____

Date _____

If you have additional information and would like to speak with a member of our investigation team please check, as applicable:

Yes _____ I would like to be contacted by a Dignity Act Coordinator or an Administrator.

If you are not a student, please include a phone number where you can be reached.

THANK YOU FOR YOUR TIME AND COOPERATION IN COMPLETING THIS REPORT

For Administrative Use Only

Form submitted to: _____ Position: _____

Date Received: _____

Original Adoption Date: May 21, 2015

1st Revision Date: November 17, 2016