Incident of Bullying, Discrimination & Harassment
Student Reporting Form
(Dignity For All Students Act Reporting)

New York State’s Dignity For All Students Act (The Dignity Act) seeks to provide the State’s public elementary and secondary school students with a safe and supportive environment free from discrimination, intimidation, taunting, harassment, and bullying on school property, a school bus and/or at a school function. The Dignity Act was signed into law on September 13, 2010 and took effect on July 1, 2012. In 2013, the law was expanded to include cyber-bullying. In July 2015, the NYS Department of Education issued guidance to school districts for creating a safe and supportive school environment for transgender and non-conforming students. In March of 2017, NYS Department of Education issued guidance on the rights of immigrant students.

Bullying generally involves the following characteristics:

- An Imbalance of Power (real or perceived): Children who bully use their power, such as physical strength, access to embarrassing information or popularity, to control or harm others.
- The Intent to Cause Harm: The person bullying has a goal to cause harm.
- Repetition: Bullying behaviors generally happen more than once or have the potential to happen more than once.
- Conduct is of such severe or pervasive nature, that is has the following effect; or
  - unreasonably and substantially interferes with a student’s educational performance, opportunities or benefits; or
  - mental, emotional and/or physical well-being; or
  - would reasonably be expected to cause a student to fear for his or her physical safety

The purpose of this form is to inform the district of an incident or series of incidents of bullying and/or harassment so we can investigate and take appropriate steps. If you feel unsafe, or if your child feels that way, fill out this form, but we urge you to speak directly to the Dignity Act Coordinator (DAC) at your school as soon as possible, so that we may address your concerns. The Dignity Act Coordinators (DAC) are:

<table>
<thead>
<tr>
<th>School</th>
<th>Dignity Act Coordinator</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior Senior High</td>
<td>Steve Giacolone &amp; Peter Gomez, Shivani Renjen, Gary Stein,</td>
<td>801-3292, 3279, 3280, 3152</td>
</tr>
<tr>
<td>Eastport Elementary</td>
<td>William Hender &amp; Andrew Herbst</td>
<td>801-3171, 3181</td>
</tr>
<tr>
<td>Dayton Avenue</td>
<td>Shelita Watkis &amp; Maureen McKernon, Yael Abouafia</td>
<td>801-3081, 3089, 3284</td>
</tr>
<tr>
<td>South Street</td>
<td>John-Michael Jackson &amp; Heather Joy-Basirico</td>
<td>801-3141, 3100</td>
</tr>
<tr>
<td>Tuttle Avenue</td>
<td>JeanMarie Zambelli &amp; Christine Kelly</td>
<td>801-3058, 3180</td>
</tr>
<tr>
<td>Alternative High School</td>
<td>Jennifer McCormick &amp; Peter Gomez</td>
<td>801-3346</td>
</tr>
</tbody>
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Please complete the entire form to the best of your ability.

Student Name: ___________________________ Today’s Date: __________

Student ID: __________ School: ___________________ Grade: ________

Where did the incident(s) happen (choose all that apply)?

☐ On school property ☐ At a school-sponsored activity or event off school property

☐ On a school bus ☐ On the way to/from school

Date of incident (s) __/__/__, __/__/__, __/__/__, __/__/__

Describe the incident(s).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List the name(s) of the individual(s) accused of bullying and/or harassment.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Were there any witnesses? _____ Yes _____ No If yes, please list the names of the individual(s).

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Why do you believe this incident occurred (motive)? _____________________________

I certify that all statements on this form are accurate and true to the best of my knowledge.

_____________________________ _________________
Signature Date

Please attach any supporting documentation (i.e., copies of e-mails, notes, photos, etc.).

Return this form to the Dignity Act Coordinator at your school. In addition, you may contact the District Dignity Act Coordinator, Linda Weiss, by calling 631-801-3022.

Note on confidentiality:
In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff.