

Edwards-Knox Central School

Dignity for All Students Incident Reporting Form

Edwards-Knox Central School District is committed to providing a safe, supportive environment free from harassment, bullying, and discrimination for all students. The District encourages the involvement of staff, students, parents, and community members in implementing and reinforcing the Dignity for All Students Act (DASA).

If you feel you or someone else has been the target of harassment, bullying, cyberbullying, and/or discrimination, please use this form to report all allegations.

All complaints will be treated in a confidential manner. Anonymous reports may limit our ability to respond to the complaint. A prompt and thorough investigation will be conducted for all incident reports.

Today's Date: _____ Name of person reporting incident: _____

Phone: _____ Email: _____

Role of person reporting incident (check one):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Student Target | <input type="checkbox"/> Staff Member |
| <input type="checkbox"/> Student witness | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parent/Guardian | |

Name of target: (student being bullied, harassed, or discriminated against): _____

Name(s) of alleged offender(s): _____

Date(s) and time(s) of incident(s): _____

What was your involvement in the incident?

- ☐ I was directly involved in the incident
☐ I observed the incident
☐ I heard about the incident

Where did the incident happen? _____

Type of incident (check all that apply)

- ☐ Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
☐ Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
☐ Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
☐ Abuse (actions or statements that put an individual in fear of bodily harm)
☐ Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures (sexting))
☐ Other (describe) _____

Who was involved in the incident? _____

Names of others who may have witnessed the incident: _____

If there were any adults in the area when this happened, what did they do?

Types of bias involved (if known): (Check all that apply)

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> Ethnic Group |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Weight/Size | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Disability | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | |

[illegible]

Date _____

Elementary Office (315) 562-8131 ext. 25533