

Incident of Bullying, Discrimination & Harassment Student/Parent/Guardian 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.

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.

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:**

Dignity Act Coordinator	Phone #	Email
Mr. Paul Hewitt	(631) 653-4285	phewitt@quogueschool.com
Ms. Jenna McCutchen	(631) 653-4285	jmccutchen@quogueschool.com

Please complete the entire form to the best of your ability.

Student Name: _____

Today's Date: _____

Grade: _____

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

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

On school property

At a school-sponsored activity or event off school property

On a school bus

On the way to/from school

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 one of the following Dignity Act Coordinator.

Dignity Act Coordinator	Phone #	Email
Mr. Paul Hewitt	(631) 653-4285	phewitt@quogueschool.com
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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.