

Western Suffolk BOCES Incident Reporting Form (For District/School Files Only)

To be completed by the person reporting the incident (or the person receiving the complaint and/or investigating the incident). Contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whoever you are comfortable with) for information or assistance at any time.

Today's Date:	S	chool:				
Name of person reporting incident:						
Role of person reporting i	ncident (Check one)					
☐ Student Target ☐ Studen	it (witness) 🗆 Parent/0	Guardian □ Staff Member □ Other				
Phone:	Email:					
Name of target: (student k	peing bullied, harassed	d, or discriminated against)				
Name(s) of alleged offender(s):						
Date(s) and time(s) of incident:						
What was your involvement	ent in the incident?					
☐ I was directly involved in☐ I heard about the incide		bserved the incident				
Where did the incident ha	ppen? (Check all that	apply)				
☐ On school property	□ Cafeteria	□ On a school bus				
□ Classroom	□ Gym	□ Off school property				
□ Hallway	□ Locker Room	□ Electronic Communication				
□ Bathroom	□ At a school fur	nction				
□ Other (describe):						

call that apply)		
king, punching, spittin _i	g, tripping, pushing, taking belongings)	
p, name-calling, put-d	owns, teasing, being mean, taunting,	
erbal actions, spreadir	ng rumors, social exclusion, intimidation)	
atements that put an i	ndividual in fear of bodily harm)	
sing technology/social	media to harass, tease, threaten, post picture	es
the incident?		
□ Employee	☐ Both student and employee	
Its in the area when th	nis hannened, what did they do?	
	king, punching, spitting ip, name-calling, put-derebal actions, spreadir atements that put an insing technology/social the incident? □ Employee nature of the incident. offender say or do? Incages if needed)	☐ Employee ☐ Both student and employee nature of the incident. What happened? (Be as specific as possible). offender say or do? Include any copies of text messages, emails, ex

Signature:		Date:		
I certify that all sta	atements on this form are a	ccurate and true to	the best of my knowledge	
Does the situation	continue to occur?	□ Yes □ No		
□ No □ Yes Number of days student was absent:				
Was the student a	bsent from school as a resu	ılt of the incident?		
Names of others w	who may have witnessed th	e incident:		
□ National origin	☐ Sexual orientation	□ Gender		
□ Weight/size	- Iteligious practice		□ Ethnic group	
□ Color	☐ Religious practice		scribe)	
□ Race	□ Religion	□ Sex		

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

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.). Return this form to the building principal, the principal's designee, Dignity Act Coordination Team member or the Dignity Act Coordinator for the school at which the incident occurred or where you or the alleged student target attends or to the District-Wide Coordinator (the names of these individuals are available on the District's website). Contact any of these individuals, a guidance counselor, or any other District staff member, for information or assistance regarding this report at any time. Western Suffolk BOCES will not release details of a complaint or the identity of the complainant (or the alleged student target) or the individual against whom a complaint is filed to any third party who does not need to know this information. To conduct a prompt and thorough investigation and/or to take necessary action to resolve the complaint, WSBOCES retains the right to disclose information regarding the complaint in appropriate circumstances to individuals with a need to know.

Updated: October 2024