

Report # \_\_\_\_\_ (assigned by the principal's office)

**Highland Central School District**  
**Dignity for All Students: Bullying, Cyberbullying, Harassment, and Hazing Report Form**  
**Purpose of the Dignity for All Students Act is prevention/education**

Bullying is intentional, harmful behavior initiated by one or more students and directed towards another student. Bullying exists when a student with more social and/or physical power deliberately dominates and harasses another who has less power. Bullying is unjustified and typically repeated.

Please complete and return this form to the principal or DASA Coordinator.

**Part 1-Complaint**

<b>1. Date the report is being filled out:</b>	
<b>2. Name of Person Filing the Report (if adult, please leave contact #):</b>	
<b>3. Identification of person reporting incident:</b>	<input type="checkbox"/> I am the target of bullying, harassment or hazing <input type="checkbox"/> I witnessed bullying, harassment or hazing <input type="checkbox"/> I was told about an incident of bullying, harassment or hazing
<b>4. Alleged target(s) Identification: List all the names of students who are being targeted in this bullying, cyberbullying, harassment or hazing incident.</b>	<input type="checkbox"/> I am the target of bullying, harassment or hazing <input type="checkbox"/> Target(s) name(s) are: 1. Name: _____ 2. Name: _____ 3. Name: _____
<b>5. Alleged person (s) committing the bullying, cyberbullying, harassment, or hazing:</b>	1. Name _____ <input type="checkbox"/> student or <input type="checkbox"/> adult 2. Name _____ <input type="checkbox"/> student or <input type="checkbox"/> adult 3. Name _____ <input type="checkbox"/> student or <input type="checkbox"/> adult
<b>6. Other Witnesses: Please identify any other people who may have witnessed the incident(s) (Attach additional sheet if necessary)</b>	1. Name _____ <input type="checkbox"/> student or <input type="checkbox"/> adult 2. Name _____ <input type="checkbox"/> student or <input type="checkbox"/> adult 3. Name _____ <input type="checkbox"/> student or <input type="checkbox"/> adult
<b>7. I would best describe the incident(s) as related to the target's, actual or perceived (check all that apply):</b>	<input type="checkbox"/> race <input type="checkbox"/> color <input type="checkbox"/> weight <input type="checkbox"/> national origin <input type="checkbox"/> ethnic group <input type="checkbox"/> religion <input type="checkbox"/> religious practice <input type="checkbox"/> disability <input type="checkbox"/> sex <input type="checkbox"/> sexual orientation <input type="checkbox"/> gender identity <input type="checkbox"/> other perceived characteristics

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<b>8. The incident(s) have occurred in the following location(s): (Check all that apply)</b>	<input type="checkbox"/> classroom <input type="checkbox"/> hallway/locker <input type="checkbox"/> cafeteria <input type="checkbox"/> playground <input type="checkbox"/> school bus <input type="checkbox"/> gymnasium/locker room <input type="checkbox"/> library <input type="checkbox"/> at an off-campus school event <input type="checkbox"/> electronically <input type="checkbox"/> athletic field <input type="checkbox"/> school entrance/exit <input type="checkbox"/> computer lab <input type="checkbox"/> off school property <input type="checkbox"/> parking lot <input type="checkbox"/> other
<b>9. The incident(s) has/have involved the following: (Check all that apply)</b>	<input type="checkbox"/> <b>Physical (direct)</b> --- hitting; punching; tripping; kicking; pushing; scratching; ganging up; extortion; damaging property <input type="checkbox"/> <b>Social/Relational</b> --- excluding or threatening to exclude; spreading rumors/gossiping; ostracizing; alienating <input type="checkbox"/> <b>Verbal (direct)</b> --- name calling; teasing; intimidating; threatening; taunting; making offensive or discriminatory remarks (rude and or lewd) <input type="checkbox"/> <b>Cyberbullying</b> --- sending and/or posting insulting messages and/or images or threats by email, social media, text messaging, chat rooms, etc. <input type="checkbox"/> <b>Unwanted Sexual Contact/Touching</b> --- sexual assault; sexual harassment
<b>10. Have you reported this situation to anyone else before this complaint?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, I reported this to _____ on _____ Name date
<b>11. Did the student require medical treatment as a result?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

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**12. Please describe the bullying, cyberbullying, harassment or hazing. Describe what was said and/or done and by whom. Attach any evidence and an additional sheet for description of the incident if applicable:**

Is this the first time this has happened? ☐ yes ☐ no ☐ unsure

☐ Date(s) and time(s) of the incident(s) \_\_\_\_\_

Description of incident(s):

*I do hereby attest that this information is true, accurate and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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Please STOP Filling form out, this page is for administrative use

## Part 2—Investigation Actions and Follow-Up (Administrative Use Only)

1. Date and time of investigation

2. Person(s) Investigating the situation:

1.

2.

3. Investigation Notes: (Lists of witnesses and dates and times of investigation) Attach documentation as necessary

☐ Documentation Attached

### 4. Findings

☐ This complaint is a verified material incident

☐ This complaint is not a verified material incident at this time

Is this a repeat offender? ☐ YES ☐ NO

Is this a repeat victim? ☐ YES ☐ NO

☐ Incident reported as possible C.O.C. infraction

### 5. Actions Taken

List of actions taken to help prevent future incidents:

☐ Conference with the student(s) ☐ Support staff intervention (counselor, nurse, social worker, etc)

☐ Instruction on the definitions of bullying, cyberbullying, harassment and hazing ☐ Education on how to respond to bullying

☐ Other:

Consequences for offender(s) (if applicable as per Highland School District Code of Conduct):

### 6. Follow-up

Please explain any follow-up/check-in plan that is in place for the student(s)

### 7. Parent/Guardian Communication: (include parent names, dates and phone number)

Summary of the conversation with Parent/Guardian of the target

Summary of the conversation with the Parent/Guardian of the accused

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