



# Dignity Mistreatment Report Form



**Directions:** This form can be filled out for any type of mistreatment.

- The school's investigation will determine if the behavior is bullying, harassment, discrimination, cyberbullying or if it is something else.
- Answer what you can. **Turn it in right away**—don't wait to have all the answers

**Today's date:** \_\_\_\_\_

**1. Who is filling out this report?** (Check one): ☐ Anonymous report (students, parents, others only – **staff must** include their name) ☐ Student ☐ Parent/Guardian ☐ Staff Member  
☐ Other \_\_\_\_\_

**2. Name of Person Making the Report (if not anonymous)** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**3. Name of student who was mistreated:**

\_\_\_\_\_

**4. Name(s) of person (s) who caused the student harm:** \_\_\_\_\_

If not known, please provide as much description of the person as possible: \_\_\_\_\_

**5. Is the person who caused the harm a** ☐ Student ☐ An Employee or ☐ Other: \_\_\_\_\_

**6. To the best of your knowledge what was the date and time of the incident(s):**

**7. What was your involvement in the incident?**

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

**8. Where did the incident happen?** (Check all that apply)

<input type="checkbox"/> On school	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> On a school bus	<input type="checkbox"/> Hallway	<input type="checkbox"/> Bathroom
------------------------------------	------------------------------------	--	----------------------------------	-----------------------------------

property				
<input type="checkbox"/> Classroom	<input type="checkbox"/> Locker Room	<input type="checkbox"/> Off school property	<input type="checkbox"/> Gym	<input type="checkbox"/> At a school function
<input type="checkbox"/> Electronic Communication:		<input type="checkbox"/> Other (describe):		

**9. Describe the TYPE of Mistreatment/Dignity Violation** (Check all that apply)

<input type="checkbox"/>	Physical contact (kicking, punching, spitting, tripping, taking belongings)
<input type="checkbox"/>	Verbal threats (gossip, name-calling, put-downs, being mean, taunting, making threats)
<input type="checkbox"/>	Social/Relational (exclusion, isolation rumor-spreading, intimidation)
<input type="checkbox"/>	Abuse (actions or statements that put an individual in fear of bodily harm)
<input type="checkbox"/>	Cyber (harmful posts, sexting, threatening messages)
<input type="checkbox"/>	Stereotyping & Identity Suppression (slurs, microaggressions, culture mocking)
<input type="checkbox"/>	Other (describe):

**10. Was the mistreatment based upon any of these identifying characteristics?**

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Weight/Size	<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"/> Sexual Orientation	<input type="checkbox"/> Gender
<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Age	<input type="checkbox"/> Sex	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Economics
<input type="checkbox"/> Other (describe):				

**11. Describe what you believe happened:** (Add Extra Pages If Needed)

**12. Were any adults made aware of the situation If yes, who?**

**13. Were there any students who witnessed the situation? If yes, please list below.**

**13. How did this make the person who was mistreated feel? (Check any)**

☐ Afraid ☐ Embarrassed ☐ Angry ☐ Sad ☐ Unsafe ☐ Other: \_\_\_\_\_

**15. Add any additional information below:**

**Dignity Act Coordinators: 2025-26**

Name	Location	Email	Phone
------	----------	-------	-------

Roseann Bayne	District Office	rbayne@citiboces.org	315-963-4297
Evelyn Warchol	CiTi Lanes-CARE	ewarchol@citiboces.org	315-963-4276
Mike Thurlow	CiTi Main Campus-CTE	mthurlow@citiboces.org	315-963-4433
Amanda Petrie	CiTi Main Campus-PTECH	apetrie@citiboces.org	315-963-4248
Chrissy Rode	CiTi Main Campus-CTE	crode@citiboces.net	315-963-4433
Jon Warchol	CiTi Main Campus-Strive	jwarchol@citiboces.org	315-963-4251
Amy Kunzwiler	CiTi Main Campus-PTECH	akunzwiler@citiboces.org	315-963-4248
Michelle Hopp	CiTi – BRIDGES, Oswego	mhoppp@citiboces.org	315-216-4995
Shannon Tanner	CiTi – CSMS, C. Square	stanner@citiboces.org	315-963-4252
Gary Brisson	CiTi – Volney Elementary	gbrisson@citiboces.org	315-593-9203
Sarah Nugent	CiTi- Fourth Street, Fulton	snugent@citiboces.org	315-598-8608
Andrea Smith	CiTi – SYNERGY- Virtual	asmith7@citiboces.org	315-975-7784
Angel Baines	CiTi Main Campus-Strive	abaines@citiboces.org	315-963-4251
TBD	CiTi Main Campus- A+		315-963-4251
Jenette Altobello	CiTi Cayuga Street, Fulton	jaltobello@citiboces.org	315-963-4251

### For Administrative Use Only:

- After thorough investigation was this incident determined to be a MATERIAL incident of bullying, harassment, discrimination or cyberbullying?  
☐ yes (go to question 2)  
☐ no (go to questions 3 & 4)
- If yes, a plan must be created to immediately stop the mistreatment, prevent it from happening again and provide the student who was harmed with support, interventions and assistance as needed and provide the target with interventions, consequences, and support as applicable. Reminder that the impact of mistreatment must be addressed.
- If this was not a material incident of bullying, harassment, discrimination or cyberbullying, then **what was it?**

(Misunderstanding, Conflict, Mean Behavior, Dishonesty, Exclusion, Accidental Harm, Social Dynamics, Profanity, Theft, Bothering, Assault, Other abuses)

- (As applicable) How will harm be addressed even if the situation was not a material incident?