



# DIGNITY FOR ALL STUDENTS ACT:

## REPORT FORM



**Directions:** This form can be filled out for any type of mistreatment. Our investigation will determine if the behavior is bullying, harassment, discrimination, cyberbullying or if it is something else. Fill out as much as you can—don't delay handing in form if you don't have answers to all the questions

**CiTi Program/or Location:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

**Role of person reporting incident (Check one):**  Anonymous report by someone other than a staff member

Student Target     Student (witness)     Parent/Guardian     Staff Member     Other \_\_\_\_\_

**Name of Person Filing the Report (if not anonymous)** \_\_\_\_\_

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

**Name of target:** (student being bullied, harassed, or discriminated against)  
\_\_\_\_\_

**Name(s) of alleged offender(s) if known:** \_\_\_\_\_

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

**Is the alleged offender a**  Student     Employee     Other: \_\_\_\_\_

**To the best of your knowledge what is the date and time of the 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? (Check all that apply)**

<input type="checkbox"/> On school property	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> On a school bus	<input type="checkbox"/> Hallway	<input type="checkbox"/> Bathroom
<input type="checkbox"/> Classroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Off school property	<input type="checkbox"/> Locker Room	<input type="checkbox"/> At a school function

Electronic Communication:

Other (describe):

**Type of mistreatment** *(Check all that apply)*

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

**What happened?** *(Be as specific as possible). What did the alleged offender say or do? Include any copies/screen shots of text messages, emails, etc. if possible. (Add extra pages if needed)*

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**Did any adults see what happened or were any adults told about what happened?**

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**Was the mistreatment based upon any of these identifying characteristics?** *(Check all that apply)*

<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"/> Other (describe):				

**Name(s) of others who may have witnessed the incident:**

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**Was the mistreated student absent from school because of the incident?**

No  Yes, Number of days student was absent:

**Describe the impact this incident has had on the student (target):**

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**Does the situation continue to occur?**  Yes  No

**What does the mistreated student think should be done about the situation?**

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
Christa Tolbert	CiTi – BRIDGES, Oswego	ctolbert@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
Deanna Kirk	CiTi Main Campus- A+	dkirk@citiboces.org	315-963-4251
Carol Scaccia	CiTi Cayuga Street, Fulton	cscaccia@citiboces.org	315-963-4251

**For Administrative Use Only:**

1. After thorough investigation was this incident determined to be a MATERIAL incident of bullying, harassment, discrimination or cyberbullying? \_\_\_\_\_yes \_\_\_\_\_no
2. If yes, a plan must be created to immediately stop the mistreatment, prevent it from happening again and provide the offender and the target with interventions, consequences, and support as applicable. Reminder that we should be addressing the impact of mistreatment.
3. 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)

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