

Newark Central School District

Bullying/Harassment/Discrimination Reporting Form

Directions: The purpose of this form is to report alleged bullying, cyberbullying, harassment, or discrimination.

BULLYING is unwanted, aggressive behavior that is intentionally hurtful, creates a real or perceived power imbalance, and is repeated or has the potential to be repeated over time.

HARASSMENT is the creation of a hostile environment by conduct, threats, intimidation or abuse that has or would have the effect of unreasonably and substantially interfering with a student's educational performance, emotional well-being, or sense of physical safety.

No student shall be subjected to harassment by employees or students on school property or at a school function; nor should any student be subjected to discrimination based on a person's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender (including gender identity or expression), or sex by school employees or students on school property or at a school function.

If you have witnessed an incident of bullying, cyberbullying, harassment, or discrimination, complete this form and return it to the Dignity Act Coordinator at the student's school (building principal). All complaints will be treated in a confidential manner. In accordance with education law, retaliation by any school employee or student shall be prohibited against any individual who, in good faith, reports or assists in the investigation of harassment, bullying, and/or discrimination. False reporting of incidents could result in disciplinary consequences and/or legal action.

Today's Date: _____

Name of Person

Reporting Incident: _____ Phone _____

Person Completing the Form (check one):
 Student Victim Staff Member Other
 Student Witness Parent/Guardian

List the names of the alleged offenders (person(s) who caused problem) and their approximate ages/grades:

Name	Age	Grade
_____	_____	_____
_____	_____	_____

List the names of the alleged victims (person(s) who were hurt) and their approximate ages/grades:

Name	Age	Grade
_____	_____	_____
_____	_____	_____

List the names of potential witnesses (person(s) who saw it happen) and their titles (student, staff, parent):

Name	Age	Grade
_____	_____	_____
_____	_____	_____

Describe the incident(s) to the best of your ability.

Date	Time	Location	Detailed account of incident involving harassment/discrimination/bullying

I certify that all statements on this form are accurate and true to the best of my knowledge.

_____	_____	_____
Print Name	Signature	Date

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.) and return this form to a Dignity for All Students Act Coordinator:

High School Coordinator	Tom Roote	thomas.roote@newarkcsd.org	332-3242
Middle School Coordinator	Teresa Prinzi	teresa.prinzi@newarkcsd.org	332-3291
Kelley School Coordinator	Jeff Hamelinck	jeffrey.hamelinck@newarkcsd.org	332-3326
Lincoln School Coordinator	Mark Miller	mark.miller@newarkcsd.org	332-3342
Perkins School Coordinator	Sue Achille	susan.achille@newarkcsd.org	332-3311

For office use only:

Received
 Handled
 Spreadsheet
 Behavior Report
 Filed