Warsaw Central School District Harassment, Bullying, Discrimination Reporting Form

Warsaw Central School District is committed to providing a safe, supportive environment free from harassment, bullying or discrimination. The District encourages the involvement of staff, students, parents and community members in the implementation and reinforcement of the Dignity for All Students Act (DASA). If you believe you, or someone else, has been the target of harassment, bullying—including cyberbullying—or discrimination, please use this form to report all allegations.

You can complete this form and return it to the school administrator or Dignity Act Coordinator. Administration will review and respond to each incident in the context of the student Code of Conduct.

*All complaints will be treated in a confidential manner. Anonymous reports may limit the district's ability to respond to the complaint. **False reporting of incidents may result in disciplinary consequences and may be reported to an appropriate law enforcement agency. ***Any reports made during summer months will be addressed as the administrator is available.

Today's date

Person reporting incident name			
Person reporting incident (check one)o Studento Student (witness)	o Parent/Guardian	o Staff Member	o Other
Phone	Email		
Name of target	School ta	rget attending anger o Staff ident o I heard about the incident eria o Gym o Locker Room o Other) operty sting belongings) an, taunting, making threats) ion, intimidation)	
Relationship to target o Family o	Friend o Peer o St	ranger o Staff	
Name(s) of alleged offender(s)			
Date(s) and time(s) of incident			
What was your involvement in the incide o I was directly involved in the inciden		cident o I heard at	oout the incident
Where did the incident happen? (check o On school property (o Classroom o H o At a school function o On a scho	Iallway o Bathroom o Cafe		oom o Other)
The incident involved (check all that app o Physical contact (kicking, punching, s o Verbal threats (gossip, name-calling, o Psychological (non-verbal actions, sp o Abuse (actions or statements that put a o Cyberbullying (misusing technology/s	spitting, tripping, pushing, ta put-downs, teasing, being m reading rumors, social exclu an individual in fear of bodil	ean, taunting, making the sion, intimidation) y harm)	
The incident involved			

o Student o Employee o Both student and employee

Describe the specific nature of the incident. What happened (be as specific as possible). What did the alleged offender say or do? Include any copies of text messages, emails, etc. if possible.

If additional space is needed, please use the additional space on the back.

Types of bias involved (check all that apply)

o F	Race o	Co	lor c	• Weight/size	o Na	ational origin	0	Ethnic g	group	o Relig	ion o	o Religious	practice
οI	Disabilit	у	o Sex	ual orientation	0	Gender	0	Sex	0	Other			

Name of witness, if any

Was the student absent from school as a result of the incident?	No	0	Yes	Days
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You can contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whoever you are most comfortable with) for information or assistance at any time.