## DIGNITY FOR ALL STUDENTS REPORTING FORM

The Berne-Knox-Westerlo Central School District is committed to providing a safe, supportive environment that is free from harassment, bullying and discrimination. We encourage the involvement of all members of our school community in the implementation, support, and implementation of the Dignity for All Students Act.

Please utilize this form to report alleged instances of harassment, discrimination, or bullying that you believe occurred. Please send this form to your school building's DASA coordinator. Once you have submitted the form, you should expect a call from a staff member within the next school day. Complaints that are district-wide, involve administration or are not tied to a particular school should be made to the Office of Human Resources. If you do not receive a call, please follow up with your building principal.

Your Name:		School:				
Your phone numb	ber/email:			Today's Date	:	
	What role best describes y	ou in rel	ation to this inci	dent (please circle	one)?	
Student Target	Student (witness)	Parent/	Guardian	Staff Member	Other	
Date o	Date of Incident:					
Incide	ent:					
Name	e(s) of Targeted Student(s):					
Name	e(s) of Alleged offender(s):					
Were 1	there any witnesses (circle one)?	Yes	No			
If yes,	, please list their names:					
-	Were any injuries reported?	_No	Yes (Give Des	scription):		
Please	e tell us a little bit about what happe	ened:				

se attach any supporting documentation for this event (i.e. copies of emails, notes, photos, etc)									
Has an	incident	with	the	same	person	been	reported	before?	
ſf	yes,		when?		То			whom?	