



Syracuse Academy of Science Charter School
Harassment, Bullying, & Discrimination
Incident Reporting Form



SASCS 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 enforcement 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. 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.

CONTACT INFORMATION

Name of person filing the report:	
Ways to reach me:	Phone number: Email:
Identification of person reporting incident (check one):	<input type="checkbox"/> I am the target of bullying, harassment, or discrimination <input type="checkbox"/> I observed the incident (witness) <input type="checkbox"/> I heard or was told about the incident
Relationship to the student on whose behalf you are reporting (circle one):	Friend/Peer Family Teacher/Staff Other: _____

INCIDENT INFORMATION

Name and grade of student(s) being targeted:													
Name(s) of alleged offender(s):													
Name of witness(es), if any:													
Where did the incident(s) happen? (check all that apply)	<input type="checkbox"/> On school property <ul style="list-style-type: none"> <input type="radio"/> Classroom <input type="radio"/> Bathroom <input type="radio"/> Hallway <input type="radio"/> Cafeteria <input type="radio"/> Gym <input type="radio"/> Locker room <input type="checkbox"/> At a school function: <input type="checkbox"/> On a school bus <input type="checkbox"/> Off school property:												
Types of bias involved (actual or perceived) check all that apply:	<table border="0"> <tr> <td><input type="checkbox"/> Race</td> <td><input type="checkbox"/> Ethnic group</td> <td><input type="checkbox"/> Sexual orientation</td> </tr> <tr> <td><input type="checkbox"/> Color</td> <td><input type="checkbox"/> Religion</td> <td><input type="checkbox"/> Gender identity</td> </tr> <tr> <td><input type="checkbox"/> Weight/size</td> <td><input type="checkbox"/> Religious practice</td> <td><input type="checkbox"/> Sex</td> </tr> <tr> <td><input type="checkbox"/> National origin</td> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Race	<input type="checkbox"/> Ethnic group	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Color	<input type="checkbox"/> Religion	<input type="checkbox"/> Gender identity	<input type="checkbox"/> Weight/size	<input type="checkbox"/> Religious practice	<input type="checkbox"/> Sex	<input type="checkbox"/> National origin	<input type="checkbox"/> Disability	<input type="checkbox"/> Other _____
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<input type="checkbox"/> National origin	<input type="checkbox"/> Disability	<input type="checkbox"/> Other _____											

The incident involved the following type of harassment: (check all that apply)	<input type="checkbox"/> Physical (kicking, punching, spitting, tripping, pushing, taking/damaging belongings) <input type="checkbox"/> Verbal (name-calling, put-downs, teasing, taunting, making threats, offensive comments) <input type="checkbox"/> Social/relational (non-verbal actions, spreading rumors, social exclusion, intimidation, gossiping, alienating) <input type="checkbox"/> Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures/sexting) <input type="checkbox"/> Other: _____
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Has this situation been reported to anyone else before this complaint?	<input type="checkbox"/> No <input type="checkbox"/> Yes, I reported this to _____ on _____
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Describe the specific nature of the incident. Provide dates and times as specific as possible. What did the alleged offender say or do? Include any copies of text messages, emails, etc. if possible. Attach additional pages if necessary.

What (if any) observable changes have occurred with the student resulting from the incident (i.e. medical treatment, lack of attendance, grades, social engagement, social withdrawal, depression, self-destructive behaviors, etc.)?
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I do hereby attest that this information is true, accurate, and complete to the best of my knowledge.	
Signature: _____	Date _____

You can contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whichever you are most comfortable with) for information or assistance at any time.

*All complaints will be treated in a confidential manner. Anonymous reports may limit the school’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 an administrator is available.*