

**INCIDENT REPORTING FORM
DIGNITY FOR ALL STUDENTS ACT**

It is the Policy of the Fort Edward Central School District to provide a school environment that is free from harassment, bullying and discrimination for all students. Harassment or discrimination of a student by another student or by school employees on school property or at a school function on the basis of actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender or sex is expressly prohibited.

Contact Information

Person Completing this Form: _____ Date: _____

Name: _____ Address: _____

Telephone number(s): _____

E-mail Address: _____

Relationship to the Student on whose behalf you are reporting: *(Select one)*

€ Self € Friend/Classmate € Teacher/Administrator € Parent € Relative

€ Other (please explain) _____

Incident(s)- Description and Location *(attach additional pages, as necessary)*

Name of Targeted Student: _____

School Attending: _____ Age/Grade: _____

Name of Alleged Aggressor(s) (if known): _____

School Attending: _____ Age/Grade/Position: _____

Relationship between the Target and Aggressor (if known) _____

Date(s) of Alleged Incident(s): _____

Which Building? _____

Location of Incident Within Building: *(circle all that apply)*

Classroom Hallway/Stairs (where) _____ Restroom (where) _____

Playground Locker Room (where) _____ Lunchroom Athletic Field

Parking Lot Field Trip (on school property/off school property)

School Sponsored Event (list) _____ Other: _____

School Bus (on the way to school/on the way home from school)

