

In case of an emergency or if someone is in imminent danger, do not fill out this form. Call 911.



The West Seneca Central School District recognizes that learning environments that are safe and supportive can increase student attendance and improve academic achievement. A student's ability to learn and achieve high academic standards, and a school's ability to educate students, is compromised by incidents of discrimination or harassment, including but not limited to bullying, taunting and intimidation. The District therefore strives to create an environment free of discrimination and harassment and promotes civility in the schools to prevent and prohibit conduct that is inconsistent with the District's educational mission. To this end, the District has a comprehensive policy regarding the Dignity for All Students Act ("DASA"), which prohibits bullying, discrimination and harassment of students in specific circumstances. The policy is available on the District's website and at our District office.

If you believe you, or someone else, has been the target of harassment, bullying, cyber-bullying, and/or discrimination, you may make an oral report *or* use this reporting form to alert the building DASA Coordinator:

***Allendale – Sean Hanley – 677-3670***

***Clinton – Tina Schoepflin – 677-3631***

***Northwood – Brenna Fitzpatrick – 677-3649***

***West Elementary – Lisa Caprio – 677-3166***

***Winchester – Kathryn DiPasquale – 677-3594***

***East Middle – Chris Scozzaro – 677-3536***

***West Middle – Aimee Smart – 677-3513***

***East Senior – Kristen Syracuse – 677-3312***

***West Senior – Luke Rejewski – 677-3368***

To be completed by person reporting the incident  
(or the person receiving the complaint and/or investigating the incident)

School District: \_\_\_\_\_ School: \_\_\_\_\_

Dignity Act Coordinator: \_\_\_\_\_ Position: \_\_\_\_\_

Today's date: \_\_\_\_\_ Name of person reporting incident: \_\_\_\_\_

Role of person reporting incident (*Check one*)

Student Target     Student (witness)     Parent/Guardian     Staff Member     Other

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of target: (student being bullied, harassed, or discriminated against)

\_\_\_\_\_

Name of alleged offender(s): \_\_\_\_\_

Date(s) and time(s) of incident(s): \_\_\_\_\_

What was your involvement in the incident?

I was directly involved in the incident     I observed the incident     I heard about the incident

Where did the incident happen? (*Check all that apply*)

On school property     Cafeteria     On a school bus  
 Classroom     Gym     Off school property  
 Hallway     Locker Room     Electronic Communication  
 Bathroom     At a school function     Other (describe):

\_\_\_\_\_

**Type of incident** *(Check all that apply)*

- Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
- Verbal (gossip, name-calling, put-down, teasing, being mean, taunting, making threats)
- Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
- Abuse (actions or statements that put an individual in fear of bodily harm)
- Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures (sexting))
- Other (describe) \_\_\_\_\_

**Who was involved in the incident?**

- Student
- Employee
- Both student and employee

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

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*(Add extra pages if needed)*

**If there were any adults in the area when this happened, what did they do?**

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**Types of bias involved (if known):** *(Check all that apply)*

- |  |   |   |
|--|---|---|
| <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 (including gender identity or expression) |
| <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 (describe):                                |

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**Names of others who may have witnessed the incident:**

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**Was the student absent from school as a result of the incident?**

- No       Yes      Number of days student was absent: \_\_\_\_\_

**Does the situation continue to occur?**  Yes     No

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