

## BULLYING - HARASSMENT - DISCRIMINATION REPORT FORM

The Herkimer Central School District and the Board of Education take bullying, harassment, and discrimination very seriously. We are committed to providing a positive school environment for all of our students. By filling out a report you are asking the school's Dignity Act liaison to begin an investigation. You will also be putting the Dignity Act Coordinator (the school's principal) on notice of the report. You may report bullying, harassment, or discrimination of any kind that may impact a student's school day or the school environment. It is important to know that the more details you can provide in your report the more effective we can be with our investigation. The report will be submitted anonymously, however, we encourage you to be as complete and specific as possible.

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**Today's Date:** \_\_\_\_\_ **Time of report:** \_\_\_\_\_ **School:** Herkimer Jr./Sr. High or Elementary

**Person Reporting:** \_\_\_\_\_ **You are a:** student parent/guardian other friend or relative

**Name(s) of victim(s):** \_\_\_\_\_ **Name(s) of student(s) bullying:** \_\_\_\_\_ **Name(s) of Witnesses/Bystanders:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Type of Bullying** (circle all that apply):

Called Mean Names      Excluded      Hit, Kicked, Punched      Told Lies or False Rumors  
Threatened      Racial Comments      Sexual Comments      Took/Damaged Possessions  
Other (explain): \_\_\_\_\_

**Bullying was based on actual or perceived** (circle all that apply):

Race      Color      Weight      National Origin      Ethnic Group      Disability  
Religion      Religious Practice      Disability      Sexual Orientation      Gender Identity      Sex

**Where did the bullying happen?** (circle all that apply):

Field/Court (Sports)      Hallway      Stairway      In class with teacher      In class without teacher  
Locker Room      Bathroom      Dismissal      Cafeteria      Recess      School Event  
To/From School      On school bus      Bus Stop      Electronic (i.e. Facebook, Texting)  
Specify/Other: \_\_\_\_\_

**People the victim has spoken to about the bullying incident** (circle all that apply and write in names if known):

Teacher      Other Adult at School/on Bus      Parent/Guardian/Sibling      Friend  
\_\_\_\_\_  
\_\_\_\_\_

**Explain what occurred (use back of form if needed):** \_\_\_\_\_

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-----FOR OFFICE USE ONLY-----

Report Taken By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
Repeat Offender? Yes No      Parent Contact? Yes      Date: \_\_\_\_\_ Discipline Referral? Yes No  
Founded \_\_\_\_\_ Unfounded \_\_\_\_\_      Referred to: \_\_\_\_\_