

**Millbrook Central School District**

**Incident Reporting  
Dignity for All Students Act**

This is a confidential record covered under the Family Rights and Privacy Education Act (20 USC). If you are an employee of the school district, you may not discuss any matters, whether direct or indirect, pertaining to this Report and Investigation, with any person other than those individuals officially responsible for this investigation. Retaliation or threats of retaliation against any person involved in an investigation of harassment or discrimination shall not be tolerated. If you believe you are a subject of such actions as a result of your cooperation, please contact the Dignity Act Coordinator, the school principal, at the student's school. If you have any questions or concerns, please do not hesitate to contact the Superintendent's Office at 845-677-4200 for contact information with individual schools. As the Complainant you will be notified of the findings and result of this investigation.

**Contact Information**

Date:

Person Completing this Form (optional):

Name:

Address:

Telephone Number and Email Address:

Relationship to Student or whose behalf you are reporting:

Parent      Friend      Relative      Teacher      Other: \_\_\_\_\_

Name(s) of student(s) subjected to harassment/discrimination:

School Attending:

Elm      Alden      Middle School      High School      Other: \_\_\_\_\_

Grade:

Characteristics (actual or perceived) of the Targeted Student (Circle all that Apply)

Race      Color      National Origin      Ethnic Group

Weight      Gender      Gender Identity/Expression      Disability

Sexual Orientation      Religion      Religious Practice

Other: \_\_\_\_\_

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Behavior Observed (please include the date, time, place, name of person(s) engaging in alleged harassment or discrimination of the student):

Date and Time: \_\_\_\_\_

Location: \_\_\_\_\_

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Alleged Perpetrator: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Name of Student \_\_\_\_\_ Employee \_\_\_\_\_

Behaviors Observed:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Teasing                   | <input type="checkbox"/> Spitting                | <input type="checkbox"/> Teasing                                   |
| <input type="checkbox"/> Pushing, Kicking, Hitting | <input type="checkbox"/> Name Calling            | <input type="checkbox"/> Insults                                   |
| <input type="checkbox"/> Tripping, Pinching        | <input type="checkbox"/> Spreading Rumors        | <input type="checkbox"/> Graffiti                                  |
| <input type="checkbox"/> Threats                   | <input type="checkbox"/> Intimidation            | <input type="checkbox"/> Restraining Movement                      |
| <input type="checkbox"/> Negative Facial Gestures  | <input type="checkbox"/> Stalking                | <input type="checkbox"/> Publicized Negative Information to others |
| <input type="checkbox"/> Social Exclusion          | <input type="checkbox"/> Negative Communications |  |

Other (please list):

Provide a detailed description of the incident(s) reported including a statement of how and when you became aware of the alleged occurrence(s). Please provide any written information you have to support the allegations [i.e., written statements, medical reports, e-mails etc.] Please use separate sheet if necessary.

What actions, if any were taken in response to incident described above.

What observable changes have you seen in the student since the time the reported incident occurred: (i.e. attendance, grades, social engagement, feelings about self and others, antisocial behaviors, self destructive behaviors, withdrawal, depression, etc.) [Please provide documents and consent for any medical reports relating to this statement.]