

UTICA CITY SCHOOL DISTRICT

929 YORK STREET / UTICA, NEW YORK 13502

PJ (315) 792-2210



WWW.UTICASCHOOLS.ORG

Utica City School District Dignity for All Students Act Material Incident Investigation Form

I. 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 _____

Email: _____ Phone: _____

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

Name (s) of alleged offender(s):

Date(s) and time(s) of incident(s): _____

What was your involvement in the incident? *(Check one)*

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)*

- | | | |
|---|---|---|
| <input type="checkbox"/> On school property | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> On a school bus |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Gym | <input type="checkbox"/> Off school property |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Locker Room | <input type="checkbox"/> Electronic communication |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> At a school function | |

Other (describe): _____

Type of incident (*Check all that apply*)

- Physical Contact (kicking, punching, spitting, tripping, pushing, taking belongings)
- Verbal threats (gossip, name-calling, put-downs, 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? (*Check one*)

- Student
 Employee
 Both student and employee

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

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

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Weight/Size | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> Gender |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability | |

Other: _____

Names of others who may have witnessed the incident: _____

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

What do you think should be done about the situation?

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

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