Reporter's Information						
Today's Date:	Dignity Act Coordi	gnity Act Coordinator: Erica Meyers				
Name of Person Reporting the Incident:						
Position of the Person Reporting the Incident:						
☐ Student Target☐ Student Witness☐ Parent/Guardian☐ Staff Member☐ Other						
What was your involvement in the incident?						
☐ I was directly involved ☐ I observed the incident ☐ I heard about the incident						
		la sidont				
 - / / / /		Incident				
Name of Target: (student	being bullied, harass —————	ed, or discriminated a ————	igainst)			
Name of Offender:						
Who was involved in the	incident? (Check all	l that apply)				
☐ Student ☐ Em		nployee	/ee Other			
Where did the incident happen? (Check all that apply)						
☐ On school Property	☐ At a school function	☐ On a so	chool bus	☐ Off of school property		
☐ Electronic Communication	☐ School bathroom	☐ Other				

Avoca Central School District [Report of Incidents of Mistreatment]

Incident Details Continued				
Were there any witnesses? Yes No				
If yes, please list names:				
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 statement that put an individual in fear of bodily harm) □ Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures (sexting)) □ Other (describe) 				
Describe the specific nature of the incident. What happened? What did the alleged offender say or do? (Be specific as possible and include any copies of messages, emails etc.)				
If there were any others in the area when this happened, what did they do?				
You may contact the school administrator or Dignity Act Coordinator, counselor, SRO, or other staff member (whoever you are most comfortable with) for information or assistance.				
I certify that all statements on this form are accurate and true to the best of my knowledge.				
Signature and Date				

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For Office Use Only

Date Form Received:	Date of Investigation:	Date Completed:	
Investigation Completed by:			
Comments:			
Incident Founded	I	ncident Not Founded	