



DISCRIMINATION/HARASSMENT  
INCIDENT REPORT FORM

In the Webster Central School District, incidents of discrimination/harassment are taken very seriously and are not tolerated. It is important to work with your school teams initially, including teachers, counselors, administrators, etc. to ensure that they are aware of the concern and are able to address, without delay, situations related to discrimination and/or harassment.

The Dignity for All Students Act (§§10-18 of Education Law) defines harassment as the creation of a hostile environment by conduct or by verbal threats, intimidation or abuse that has or would have the effect of unreasonably and substantially interfering with a student's educational performance, opportunities or benefits, or mental, emotional or physical well-being; or conduct, verbal threats, intimidation or abuse that reasonably causes or would reasonably be expected to cause a student to fear for his or her physical safety. The harassing behavior may be based on any characteristic, including but not limited to a person's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sex, sexual orientation, or gender (including gender identity and expression).

Today's Date \_\_\_\_\_

Person reporting incident: \_\_\_ Student \_\_\_ Parent/Guardian \_\_\_ School Staff Member \_\_\_ Other

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

I have already spoken with the \_\_\_ teacher; \_\_\_ counselor; \_\_\_ site administrator; \_\_\_ other (check all that apply)

Name(s): \_\_\_\_\_

When and what was the outcome of this contact?

On what date did the incident happen? \_\_\_\_\_

Where did the incident happen? (please provide site name, address and specific location within site)

\_\_\_ On School property \_\_\_ On a school bus \_\_\_ At a school sponsored activity event off school property \_\_\_ On the way to/from school \_\_\_

Other (please describe): \_\_\_\_\_

Name of victim: \_\_\_\_\_ If student, grade \_\_\_\_\_

Name of alleged offender (s)	Grade or position	School/building

Please describe what happened. Include details regarding what the offender(s) said or did. Attach separate sheet if necessary.

What relief or corrective action are you seeking?

Please submit completed form to Janine Sanger, Coordinator of Health Wellness, Webster Central School District

119 South Avenue, Webster, NY 14580.