

**Chappaqua Central School District**

**Policy #5052**

**Harassment, Bullying and Discrimination Prevention and Intervention  
Incident Reporting Form**

The Chappaqua Board of Education is committed to providing a safe and positive teaching and learning environment. The Board, therefore, condemns and strictly prohibits all forms of harassment, bullying, hazing, and discrimination on school grounds, school buses and at all school-sponsored activities, programs and events.

This form is to be used by any student or parent/guardian who believes he/she has witnessed, heard about, or been the victim of harassment, bullying, hazing or discrimination. Any such event must be reported immediately to the building level DASA Coordinator (the Assistant Principal), Principal or Superintendent.

**Please print this form, complete all necessary information and turn it in to the reporter's home school.**

*Please Print or Type*

**Name of reporter:** \_\_\_\_\_

(Note: Reports may be filed anonymously, but no disciplinary action will be taken against an alleged perpetrator solely on the basis of an anonymous report)

**Check whether you are the:** Victim of behavior \_\_\_\_\_ Witness to/reporter of behavior \_\_\_\_\_

**Are you:** Student \_\_\_\_\_ Staff Member (specify role) \_\_\_\_\_

Parent \_\_\_\_\_ Other (specify) \_\_\_\_\_

**Your contact information/phone number:** \_\_\_\_\_

**If student, what is your school:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**If staff member, what is your school/work site:** \_\_\_\_\_

**Which, if any, of the following were a factor in the incident (check all that apply):**

- |                                       |                                          |
|---------------------------------------|------------------------------------------|
| <input type="radio"/> Race            | <input type="radio"/> Religious practice |
| <input type="radio"/> Color           | <input type="radio"/> Disability         |
| <input type="radio"/> Weight          | <input type="radio"/> Sexual Orientation |
| <input type="radio"/> National origin | <input type="radio"/> Gender             |
| <input type="radio"/> Ethnic group    | <input type="radio"/> Sex                |
| <input type="radio"/> Religion        | <input type="radio"/> NONE OF THE ABOVE  |

