

## Harassment, Bullying, Discrimination Reporting Form

Eugenio María de Hostos Charter School is committed to providing a safe, supportive environment free from harassment, bullying, or discrimination. EMHCS encourages the involvement of staff, students, parents, and community members in implementing and reinforcing the Dignity for All Students Act (DASA). If you believe you, or someone else, has been the target of harassment, bullying, cyberbullying, or discrimination, this form must be filled out to report all allegations.

Today's date \_\_\_\_\_

The person reporting the incident name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of target \_\_\_\_\_

Name(s) of alleged offender(s) \_\_\_\_\_

Date(s) and time(s) of incident \_\_\_\_\_

### What was your involvement in the incident?

- 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)

- On school property     Classroom     Hallway     Bathroom     Cafeteria     Gym     Locker Room
- At a school function     On a school bus     Off school property     Other \_\_\_\_\_

### The incident involved (check all that apply)

- Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
- Verbal threats (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, and post pictures (sexting))

**The incident involved**

- 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.**

**Types of bias involved (check all that apply)**

- Race     Color     Weight/size     National origin     Ethnic group     Religion  
 Disability  
 Religious practice     Sexual orientation     Gender     Sex     Other \_\_\_\_\_

**Name of witness, if any** \_\_\_\_\_

**Was the student absent from school as a result of the incident?**     No     Yes \_\_\_\_\_  
Days \_\_\_\_\_



All of the EMHCS policies and procedures in this manual are adopted by all of the EMHCS 21st Century Community Learning Centers Program