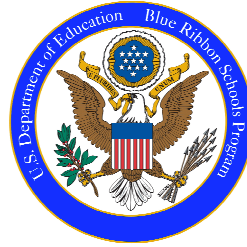


Hastings High School

One Mount Hope Boulevard
Hastings-on-Hudson, New York 10706
Phone - 914-478-6250
Fax - 914-478-7842
<http://www.hastings.k12.ny.us>



A National Blue Ribbon School of Excellence

Dear Parents and Guardians,

The New York State Legislature has passed the Dignity for All Students Act which became effective July 1, 2012. The Dignity Act, referred to as DAC, states that no student shall be subjected to harassment or discrimination by employees or students either on school property or at a school function. DAC prohibits harassment or discrimination based on a student's actual or perceived race, color of skin, weight, national origin, ethnic group, religion, religious practice, disability, sex, sexual orientation, or gender.

While the goal of DAC is to create a safe and supportive school climate where students can learn and focus, we also recognize that periodically students might behave inappropriately. When that happens, we need to address promptly the students involved and contact all parents and guardians of these students.

At this time, we need to inform you that your child was involved in an incident in school. The school personnel involved completed a DAC referral, which describes the incident. We would appreciate it if you would review the details of this report with your child and the consequences administered.

Our goal is to turn these situations into teachable moments so that your child can enjoy school and understand the importance of a safe and supportive school environment.

As always, we appreciate your support.

Sincerely,

Louis Adipietro
Principal

Melissa Hardesty
Assistant Principal

DIGNITY FOR ALL REPORT

Name of Student Who Initiated Harassment: _____

Grade: _____

Date: _____ **Time:** _____

Referring Staff: _____

Subject of Harassment / Discrimination	Type of Harassment	Location
<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Disability <input type="checkbox"/> Sex <input type="checkbox"/> Weight <input type="checkbox"/> Ethnic Group <input type="checkbox"/> Religion <input type="checkbox"/> Religious Practices <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender Identity <input type="checkbox"/> Other	<input type="checkbox"/> Physical Conduct <input type="checkbox"/> Verbal Threats <input type="checkbox"/> Non Verbal Threats <input type="checkbox"/> Intimidation <input type="checkbox"/> Abuse	<input type="checkbox"/> Classroom, please specify classroom #: <input type="checkbox"/> Hallway <input type="checkbox"/> Computer Lab <input type="checkbox"/> Library <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Gym <input type="checkbox"/> Auditorium <input type="checkbox"/> Bathroom <input type="checkbox"/> Waiting for Bus <input type="checkbox"/> On Bus <input type="checkbox"/> Other, please specify location:

Description of incident (required):

Follow-up actions that were taken (required):
