



DIGNITY FOR ALL STUDENTS ACT (DASA) INCIDENT REPORTING FORM

I. To be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident)

Today's date: _____ **Name of School:** _____

Name of person reporting incident: _____

Role of person reporting incident *(Check one)*

- Student (target) Student (witness) Parent/Guardian Staff member Other

Phone: _____ **Email:** _____

Name of target: *(student being bullied, harassed, or discriminated against)* _____

Name(s) of alleged offender(s): _____

Date(s) and time(s) of incident(s): _____

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 Cafeteria On a school bus Classroom
 Gym Off school property Hallway Locker room
 Electronic communication Bathroom At a school function Other (describe): _____

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 statements that put an individual in fear of bodily harm)
 Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures (sexting))
 Other *(describe)*: _____

Who was involved in the incident?

- 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.

(add extra pages if needed)

If there were any adults in the area when this happened, what did they do?

Types of bias involved (if known): *(Check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religious practice | <input type="checkbox"/> Other (describe) _____ |
| <input type="checkbox"/> Weight/size | <input type="checkbox"/> Disability | |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Sexual orientation | |
| <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Gender | |

Names of others who may have witnessed the incident:

Was the student absent from school as a result of the incident?

- No
 Yes
 Number of days student was absent: _____

Does the situation continue to occur? Yes No

What do you think should be done about the situation?

Please return the completed form to Dignity Act Coordinator or School Principal.

You can contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whoever you are most comfortable with) for information or assistance at any time.



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FOR SCHOOL LEADERS OR DESIGNEE ONLY

II. The following section is for documenting the school's investigation to be completed by the school leader and/or designee (i.e., Dignity Act Coordinator)

Dignity Act Coordinator: _____ **Position:** _____

Results of Investigation (include summary of information gathered from interviews):

(add extra pages if needed)

Did the investigation verify that a material incident of bullying, harassment, and/or discrimination occurred? Yes No

If no, why?

Description of plan to eliminate bullying and reduce the hostile environment:

Contact with parents/guardians of target – date: _____

Contact with parents/guardians of aggressor(s) – date: _____

Contact with law enforcement – date: _____

Results:

Remediation: *(Check all that apply)*

- Education
- Counseling
- Disciplinary (Code of Conduct application) _____
- Restorative Justice or other program *(describe)* _____
- Law Enforcement
- Other (describe) _____

Who needs to be informed about the plan (respect confidentiality)? *(Check all that apply)*

- Students
- Administration
- Parents
- School staff
- Other _____

Follow up review of plan (is plan working?) in _____ weeks

Target's response to plan to determine effectiveness:

Additional plan revisions and comments, if needed:

**Keep this report on file to calculate yearly data reported to
New York State Education Department.**