

DIGNITY FOR ALL STUDENTS ACT (DASA)

Complainant - INCIDENT REPORT FORM – Part 1

To be completed by the person reporting the incident to the DASA Coordinator

Complainant Name:		Date:	
Complainant Contact Information Home and/or Cell Phone: Address: Email:			
School:			
Target (Victim/s) Name:	<input type="checkbox"/> Student <input type="checkbox"/> Employer	Sex	Grade
Offender/s Name:	<input type="checkbox"/> Student <input type="checkbox"/> Employer	Sex	Grade / Position
Offender/s Name:	<input type="checkbox"/> Student <input type="checkbox"/> Employer	Sex	Grade / Position
Offender/s Name:	<input type="checkbox"/> Student <input type="checkbox"/> Employer	Sex	Grade / Position
Witness/es Name and Contact Information:			
Dignity Act Coordinator and Contact Information:			

Incident Description of Discriminatory and/or Harassing Behaviors

Type of bias based on the person's actual or perceived (check all that apply)

- | | | | |
|---|-----------------------------------|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Weight | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Religion | <input type="checkbox"/> Religious Practices | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender | <input type="checkbox"/> Sex | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Other: | | | |

Did the incident involve cyberbullying? ☐ Yes ☐ No

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Description of the Incident:

Incident involved (check all that applies)?

- ☐ Involving intimidating or abuse but no verbal threat or physical contact
- ☐ Involving verbal threats but no physical contact
- ☐ Involving physical contact but no verbal threat
- ☐ Involving both verbal threat and physical contact
- ☐ Involving only student offenders

Location

- ☐ On School Property
- ☐ At a school-sponsored function off school grounds
- ☐ During regular school hours
- ☐ Before or after regular school hours
- ☐ Off school grounds – Explain:

Were there any witnesses? ☐ Yes ☐ No

If yes, list the names of the individual(s):

DIGNITY FOR ALL STUDENTS ACT (DASA)
Dignity Act Coordinator - INCIDENT REPORT FORM – Part 2

To be completed by the DASA Coordinator. Submit this fully completed form along with the fully completed Complainant Incident Form to Central Office.

***Was this Incident**

- ☐ A result of an investigation of a written or oral complaint
- ☐ Directly Observed
- ☐ A thorough investigation was conducted, and it is concluded that this is not a DASA incident (consider reporting in VADIR).

If this incident was determined to be a DASA incident answer the remaining questions:

Location, Time, and Nature of Incidents

- ☐ On School Property
- ☐ At a school-sponsored function off school grounds
- ☐ During regular school hours
- ☐ Before or after regular school hours
- ☐ Gang related
- ☐ Bias related
- ☐ Off school grounds – Explain:

Indicate the offender category:

- ☐ Staff
- ☐ Student
- ☐ Other Offender – Explain:

Indicate if the incident involved weapons:

- ☐ Handguns
- ☐ Rifles/Shotguns
- ☐ Other fire arms
- ☐ Knives
- ☐ Chemical or biological agents
- ☐ Other weapons – Explain:

Injuries:

Has any physical injury or injuries resulted from this/these incidents? ☐ Yes ☐ No

If yes, was medical treatment required: ☐ Yes ☐ No

If yes, what were the injuries that required medical treatment? ☐ Yes ☐ No

If yes to any of the above, please explain:

Are there observable changes in the student's (target) behavior? (Check all that apply)

☐ Attendance

☐ Grades

☐ Depression

☐ Feelings about
self/others

☐ Antisocial
Behaviors

☐ Self-destructive
behaviors

☐ Withdrawal

☐ Social Interaction/s

☐ Other – Explain

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Dignity Act Coordinator - INCIDENT REPORT FORM – Part 2

Actions Taken

What actions were taken in response to the incident described above? (Check all that apply)

<input type="checkbox"/> Meeting with principal or his/her designee	<input type="checkbox"/> Verbal correction	<input type="checkbox"/> Parent/guardian called <input type="checkbox"/> Increase
<input type="checkbox"/> Increased supervision	<input type="checkbox"/> Meeting with guidance counselor / psychologist	<input type="checkbox"/> Conflict resolution
<input type="checkbox"/> Awareness / sensitivity session (1-1 with counselor, DAC, teacher, etc.)	<input type="checkbox"/> Referral to counseling services for bias-based bullying, harassing, or discriminatory behaviors	<input type="checkbox"/> Community service (with parental permission)
<input type="checkbox"/> Prevention or intervention program or strategy, explain:		
<input type="checkbox"/> Referral to counseling or treatment program	<input type="checkbox"/> Lunch detention	<input type="checkbox"/> After school detention
<input type="checkbox"/> Suspension from class or activities	ISS: <input type="checkbox"/> Full Day <input type="checkbox"/> Partial Day	OSS: <input type="checkbox"/> Full Day <input type="checkbox"/> Partial Day
<input type="checkbox"/> Behavioral plan	<input type="checkbox"/> Teacher removal (3214)	
<input type="checkbox"/> Transfer to alternative education	<input type="checkbox"/> Law enforcement notified	<input type="checkbox"/> Referral to community-based organization
<input type="checkbox"/> Other supports offered or disciplinary actions taken:		

PRINT NAME: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Any person reporting an incident of harassment, discrimination, and/or bullying in good faith is protected from liability claims.

Please attach any supporting documentation (i.e. copies of emails, notes, photos, etc.)

Return this form to: Central Office by June 30th.

Note of Confidentiality: In order to investigate the complaint, BOCES will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s).