



# 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.**

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*(add extra pages if needed)*

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

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

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

**Names of others who may have witnessed the incident:**

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**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?**

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**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.**



# Dignity for All Students Act (DASA) Incident Reporting Form 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):*

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*(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?

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

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Contact with parents/guardians of target – date: \_\_\_\_\_

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

Contact with law enforcement – date: \_\_\_\_\_

Results:

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**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:**

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**Additional plan revisions and comments, if needed:**

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