



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

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

School Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name of person reporting incident: \_\_\_\_\_

Role of Person reporting the 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 of alleged Offender(s): \_\_\_\_\_

Date(s) & Time(s) of Incident (s): \_\_\_\_\_

What was your involvement in the incident?

- I was directly involved  I observed the incident  I heard about the incident

Where did the incident happen? (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> On school property | <input type="checkbox"/> Cafeteria            | <input type="checkbox"/> On a school bus          |
| <input type="checkbox"/> Classroom          | <input type="checkbox"/> Gym                  | <input type="checkbox"/> Off school property      |
| <input type="checkbox"/> Hallway            | <input type="checkbox"/> Locker room          | <input type="checkbox"/> Electronic Communication |
| <input type="checkbox"/> Bathroom           | <input type="checkbox"/> At a school function | <input type="checkbox"/> Other (describe)         |

Type of Incident (Check all that apply)

- Physical Contact (e.g. kicking, punching, spitting, pushing, taking belongings)
- Verbal threats (e.g. gossip, name-calling, teasing, being mean, making threats)
- Psychological (e.g. non-verbal actions, spreading rumors, social exclusion, intimidation)
- Abuse (e.g. actions or statements that put an individual in fear of bodily harm)
- Cyberbullying (e.g. misusing technology/social media to harass, post inappropriate pictures)
- Other (describe):

**Who was involved in the incident?**

Student

Employee

Both student & 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 texts, emails, etc. if possible.**

*(add extra pages if needed)*

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

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

Race

Ethnic Group

Gender

Color

Religion

Sex

Weight/size

Religious Practice

Other *(describe)*

National Origin

Sexual Offense

Disability

Sexual Orientation

**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 absent:** \_\_\_\_\_

What do you think should be done about the situation?

**Please return the completed form to the 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 and assistance any time.**



**Dignity for All Students Act (DASA) Incident Reporting Form  
FOR SCHOOL LEADERS OR DESIGNEE ONLY**

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)

Witness Statements

(add extra pages if needed)

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

If no, please explain the basis for your determination?

Description of resolution and action taken to reduce the hostile environment:

Written communication with parents/guardians of target - (date):

Written communication with parents/guardians of aggressor(s) – (date):

Contact with law enforcement – (date):

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 (*describe*)

Target's response to plan to determine effectiveness:

Additional plan revisions and comments, if needed:

\_\_\_\_\_  
*Signature (DASA Coordinator or Designee)*

\_\_\_\_\_  
*Date*

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