

Waterford-Halfmoon Union Free School District

Dignity for All Students Act-Incident Report Form

A student, parent/guardian, or staff member may file a complaint of harassment, discrimination, intimidation, or bullying of a student, pursuant to DASA regulations and school policy. This report includes the information necessary to conduct a thorough investigation of the alleged offense and take appropriate corrective action. Complaints and complaint forms should be submitted to one of the school principals or directly to the Dignity Act Coordinator, Mr. Richardson.

Name of person filing report: _____ Date of report: _____

Reporter's Role: ___ Student ___ Parent ___ Staff member ___ Other: _____

Victim's Name: _____ Grade _____

Offender(s) Name: _____

The incident involved (check all that apply):

_____ Physical Contact (exps: kicking, punching, spitting, tripping, pushing, taking belongings)

_____ Verbal Threats/Intimidation (exps: gossip, name-calling, put-downs, taunting, making threats)

_____ Psychological Abuse (exps: non-verbal actions, spreading rumors, social exclusion)

_____ Cyberbullying (exps: misusing technology/social media to harass, tease, threaten, post pictures)

Summarize the incident(s) or occurrence(s) as accurately as possible. Attach additional sheets if necessary. Attach any evidence of harassment or bullying (i.e. letters, photos, provide cell phone texts, facebook messaging/wall print outs, etc.):

Date of incident: _____ Time of incident: _____

Location of Incident:

_____ In School Building _____ On School Grounds _____ On School Transportation

_____ At school function help off campus (specify location): _____

_____ Via electronic means (exps: texting, phone, e-mail, social media websites)

Name(s) of witnesses:

To your knowledge, is this the first time this has happened? Yes No

If No, how many times has this happened before: _____

Basis of Harassment, Intimidation, or Discriminatory Behavior: (Check all that apply.)

Race Color Disability Ethnic Group National Origin

Gender Religion Religious Practice Weight Sex

Sexual Orientation Other (Specify) _____

Signature of Person Completing Form: _____ **Date:** _____

Date of investigation: _____ Investigating administrator: _____

Determination: Material incident – verified (reported to state)

Not a material incident – unfounded (not reported to state)

Action Taken (check all that apply): Please include the number of days of in-school and/or out of school suspension.

Verbal reprimand Referral to school counseling Referral to outside counseling

Detention Schedule change Parent phone call Parent meeting

In-school suspension (____ days) Out of school suspension (____ days)

Suspension from activities Referred to law enforcement or juvenile justice system

Other (Specify): _____

Action taken by DASA Coordinator

_____ Interviewed alleged victim Date: _____

_____ Interviewed alleged offender Date: _____

_____ Interviewed witnesses Date: _____

_____ Contacted/met with family of victim Date: _____

_____ Contacted/met with family of offender (s) Date: _____

_____ Referred offender for school disciplinary action Date: _____

_____ Scheduled follow-up/mediation meeting Date: _____

_____ Referred offender to Police Date: _____

Signature of DASA Coordinator: _____ Date: _____