

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)

' 6WXGHQW WDUGHW ' 6WXGHQW ZLWQHV ' 3DUHQW *XDUGLD

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?

, ZDV GLUHFWO\ L QYROYHG R\QVW\K\H\HLGQ\FLKGHH\Q\QFLG\GHQW , KHDUG

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

‘ 2Q VFKRRO SURS&HDUWWHULD ‘ 2Q D VFKRRO EXV

' & O D V V U R R P ' * \ I

' +DOOZD\ ' /RFNHU URRP ' (OHFWURQLF FRPPXQL

' %DWKURRP

Type of incident (Check all that apply)

' 3K\VLFDO FRQWDFW NLFLNLQJ SXQFKLQJ VSLWWLQJ WULSSLQJ S

9HUEPO WKUHPWV JRVVLS QDPH FDOOLQJ SXW GRZQV WHDVLQJ

3V\EKROBJLEDO QRQ YHUEDO DEWLHQV VSUHDGLQJ UXPRUV VRF

EXVH DEWLBOV BU VWRWPHQWV WKRW SXW PQ LOGIYLGXDO HQ

‘ & \E\HUEXOO\QJ PI VXXI QJ WHEKOBORJ\ VRELDQ PHGID WB KRUDV’

Who was involved in the incident?

' 6 W X G H Q W ' (P S O R \ H I R I W K V W X G H Q W D Q G H P S O R \ H H

'HVFULFH WKH VSHFLFQDWXUH RI WKH LQFLGHQW :KDW KDSSHQHG
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)

' 5DFH ' 5HOLJLRQ ' 6H

' & RORU ' 5HOLJLRXV SUDFWLFH

' :HLJKW VLJH ' 'LVDELOLW\

' 1DWLRQDO RULJLQ ' 6HIXDO RULHQWDWLQ

' (WKQLF JURXS ' *HQGHU

Names of others who may have witnessed the incident:

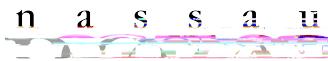
Was the student absent from school as a result of the incident?

'R HV WKH VLWXDWL RQ FRQWLQXH RWR RFFXU"

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.



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):

Did the investigation verify that a material incident of bullying, harassment, and/or discrimination occurred? ' < H V ' 1 R

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)