

Ellenville Central School District

Dignity for All Students Act (DASA)

Responding to Incidents

Bullying, Harassment and Discrimination--For District/School Files Only

Part 1: DASA COMPLAINT FORM

To be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident) and submitted to the Dignity Act Coordinator (DAC).

In accordance with Ellenville Central School District Board of Education Policy 7550

School District: _____

School: _____

Dignity Act Coordinator: _____

Today's Date: _____

Name and position of person reporting the incident: _____

Role of person reporting the incident (check one):

Student (target) Student (witness) Parent/Guardian Staff Member

Other Anonymous Report

Phone Number: _____ Email: _____

Name of target: (student being bullied, harassed, or discriminated against)

Name(s) of alleged offender(s): _____

Date and time of incident: _____

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 Hallway

Bathroom Classroom Gym

Off school property Locker room At a school function

Electronic communication

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? (check all that apply)

Student Employee Other: _____

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, ect. 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 Color Weight/Size National origin Ethnic group

Religion Religious Practice Disability Sexual Orientation

Gender Sex Other (describe): _____

Name(s) of others who may have witnessed the incident:

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

No Yes, Number of days students was absent: _____

Describe the impact this incident has had on the student (target):

Does the situation continue to occur? ___Yes ___No

What do you think should be done about the situation?

Signature of Person Completing Form: _____

Title: _____ Date: _____