



Harrison Central School District Dignity for All Students Act (DASA) Incident Report 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), a school administrator, or a guidance counselor.

School: _____ Today's date: _____

Name and position of person reporting the incident: _____

Role of person reporting incident (Check one): Student Target Student Witness Parent/Guardian

Staff Member Other: _____

Phone Number of Person Reporting Incident: _____

Email of Person Reporting Incident: _____

Name of target(s) (Student(s) being bullied, harassed, or discriminated against): _____

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

Date & 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 Off school property

Cafeteria On a school bus Hallway Bathroom Classroom Gym

Locker room At a school function: _____

Electronic Communication (please describe): _____

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 (please 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, 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) 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 incident? No Yes

If Yes, number of days student was absent: _____

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

Is the situation ongoing and continuing to occur? Yes No Unknown

Submit this completed form to the Dignity Act Coordinator, a school administrator, or guidance counselor.