



# 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)

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

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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): \_\_\_\_\_

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Name(s) 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

If Yes, number of days student was absent: \_\_\_\_\_

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

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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.**