

SENECA FALLS CENTRAL SCHOOL DISTRICT
Frank Knight Elementary School
98 Clinton Street, Seneca Falls, New York 13148

Dignity for All Students Act (DASA) Reporting Form

Today's Date: _____ Person Reporting Incident (Please Print) _____
 Telephone/Email Address: _____ Relationship: _____
 Did you witness the incident? _____ When did the incident occur? (Date(s)/ time(s)) _____

Name of alleged target: _____

1. School (if known) _____ Grade/Age: _____

2. Name (s) of alleged offender(s) (if known) Grade School

3. Name (s) of possible witnesses: Grade School

4. Where did the incident happen? Choose all that apply"

- Classroom Playground/Recess Cafeteria School Bus Library
 Hallway Field Trip On the way to/from school Other: _____

5. Place an (X) next to the statement (s) that best describe what happened. Choose all that apply:

- Harassment** Teasing, name calling, making critical remarks, or threatening, in person or by other means
- Social/Relational Bullying** Excluding or rejecting the student, or asking another person to turn against the student
- Verbal Bullying** Making rude or threatening gestures; spreading harmful rumors or gossip
- Physical Bullying** Hitting, kicking, shoving, spitting, hair pulling, or throwing something; intimidating, extorting, or exploiting; getting another person to hit or harm the student
- Other:** _____

6. What did the alleged offender(s) say or do? Explain in the space provided below.

7. Is this the first time? Yes No

8. Did a physical injury result from this incident? No _____
 Yes (no medical treatment needed) _____ Yes (medical treatment needed)

Evaluation by School Nurse _____

Other medical intervention (specify) _____

9. Have you told anyone about this situation (friend, teacher, parent, sibling, etc.)? Yes _____ No _____

10. Is there any additional information you would like to provide? Explain below

Signature: _____

This report may be completed anonymously, but doing so may limit the follow-up that can occur.

Please complete and return this form to the Principal, or DASA Coordinator at the students' school.

Please do NOT type/write below this line:

Report received: _____ Case Number: _____

Date of Investigation: _____ Findings: Founded ___ Unfounded ___

Action(s) taken: Resolved (date) _____

Referred (date) _____ Follow up actions planned and outcomes, including staff member responsible for each action _____

Confidential copies sent to: _____