

TICONDEROGA CENTRAL SCHOOL DISTRICT

5 CALKINS PLACE
TICONDEROGA, NY 12883

Dignity for All Students (DASA) – Reporting Form

The Ticonderoga Central School District is committed to providing a safe, supportive environment free from harassment, bullying and discrimination for all students. The District encourages the involvement of staff, students, parents and community members in the implementation and reinforcement of the Dignity for All Students Act.

Please use this form to report alleged harassment, discrimination, hazing or bullying that occurred on school property, at a school sponsored activity or event, or off school property, on a school bus, or on the way to and/or from school. Any student, parent/guardian, or community member may report an incident. Please contact the school for additional information or assistance.

All complaints will be treated in a confidential manner. Anonymous reports may limit the district's ability to respond to the complaint. A prompt and thorough investigation will be conducted for all incident reports.

Please complete and return this form to the DASA Coordinator at the student's school.

Date of Complaint:

Name of Complainant:

Address:

Phone:

City:

State:

ZIP Code:

Email:

Role of Complainant (check one):

- I am a student being bullied, harassed or discriminated.
- I am a student who has witnessed bullying, harassment or discrimination.
- I am a parent who has witnessed bullying, harassment or discrimination.
- I am a TCSD staff member who is aware of bullying, harassment or discrimination
- Other, I am:

Date of incident(s):

Time(s) of Incident(s):

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

Grade/age of student

Name of alleged offender(s)

Grade/age of offender(s)

1.

2.

3.

Name of possible witness(es)

Grade/age of offender(s)

1.

2.

3.

What was your involvement in the incident?

- I was directly involved in the incident
- I observed the incident
- I heard the incident

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Where did the incident occur (choose all that apply)?

- Classroom Playground/Recess Field Trip Cafeteria School Bus Library Hallway
 En route to/from school Electronically (please specify) Other (please specify)

Type of incident (choose 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):

Please explain in detail the events that transpired (be specific as possible).

Has this happened before? Yes No

Was the student absent from school as a result of the incident? Yes No

Is there any additional information that you would like to provide (attach additional sheets if necessary)?

Signature of person completing this form:

Date:

DISTRICT OFFICE USE ONLY

Date received:

Time received:

Name of DASA Coordinator receiving form: