

**Rockland BOCES  
DASA Incident Reporting Form**

Rockland BOCES is committed to providing a safe, supportive environment free from harassment, bullying and discrimination for all students. Rockland BOCES encourages the involvement of staff, students, parents and community members in the implementation and reinforcement of the Dignity for All Students Act (“DASA”).

If you believe you, or someone else, has been the target of harassment, bullying, cyber-bullying, and/or discrimination, please use this form to report all allegations.

Rockland BOCES personnel witnessing an incident or receiving a report of an incident must complete and submit this written report within two (2) school days. *NOTE: BOCES personnel must also orally notify the principal, superintendent or their designee no later than one school day after witnessing or receiving a report of an incident.*

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 this form and return it to a school administrator or Dignity Act Coordinator.**

**I. To be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident)**

**School or Program:** \_\_\_\_\_

**Dignity Act Coordinator:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Today’s date:** \_\_\_\_\_ **Name of person reporting incident:** \_\_\_\_\_

**Role of person reporting incident** (*Check one*)

Student Target  Student (witness)  Parent/Guardian  Staff Member  Other \_\_\_\_\_

Phone:

Email:

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

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**Name(s) of alleged offender(s):** \_\_\_\_\_

**Date(s) and time(s) of incident(s):** \_\_\_\_\_

**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)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> On school property | <input type="checkbox"/> Cafeteria            | <input type="checkbox"/> On a school bus          |
| <input type="checkbox"/> Classroom          | <input type="checkbox"/> Gym                  | <input type="checkbox"/> Off school property      |
| <input type="checkbox"/> Hallway            | <input type="checkbox"/> Locker Room          | <input type="checkbox"/> Electronic Communication |
| <input type="checkbox"/> Bathroom           | <input type="checkbox"/> At a school function | <input type="checkbox"/> 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?**

Student  Employee  Both student and employee

**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.**

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(Add extra pages if needed)

**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)*

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|--|---|--|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Religion           | <input type="checkbox"/> Sex                 |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Religious practice | <input type="checkbox"/> Other<br>(describe) |
| <input type="checkbox"/> Weight/size     | <input type="checkbox"/> Disability         |  |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Sexual orientation |  |
| <input type="checkbox"/> Ethnic group    | <input type="checkbox"/> Gender             |  |

**Names of others who may have witnessed the incident:**

**Was the student absent from school as a result of the incident?**

No       Yes      Number of days student was absent: \_\_\_\_

**Does the situation continue to occur?**  Yes  No

**What do you think should be done about the situation? You can contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whoever you are most comfortable with) for information or assistance at any time.**

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