

# Broadalbin-Perth CENTRAL SCHOOL DISTRICT

## Dignity for All Students Act (DASA)

### Responding to Incidents

#### Bullying, Harassment and Discrimination – For District/School Files Only

#### PART 1. DASA COMPLAINT 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).

- School Building/Location:**
- Elementary (Perth)
  - Secondary (Broadalbin)
  - School Bus
  - Other \_\_\_\_\_

**Jr./Sr. High School Dignity Act Coordinators:** Mr. Marshall Gottung/Mrs. Jennifer Grimmick

**Elementary Dignity Act Coordinators:** Mrs. Lauren O'Donnell/Mrs. Andrea Hamill

**District Dignity Act Coordinators:** Mr. Brad Strait/Mrs. Teresa LaFountain

**Name and position of person reporting the incident:** \_\_\_\_\_

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

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

Name of the alleged offender (s):

\_\_\_\_\_

**Date and time of the alleged 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)**

<input type="checkbox"/> On school property	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> On a school bus	<input type="checkbox"/> Hallway	<input type="checkbox"/> Bathroom
<input type="checkbox"/> Classroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Off school property	<input type="checkbox"/> Locker Room	<input type="checkbox"/> At a school function
<input type="checkbox"/> Electronic Communication: _____		<input type="checkbox"/> Other (describe): _____		

**Type of incident: (Check all that apply)**

<input type="checkbox"/>	Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
<input type="checkbox"/>	Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
<input type="checkbox"/>	Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
<input type="checkbox"/>	Abuse (actions or statements that put an individual in fear of bodily harm)
<input type="checkbox"/>	Cyberbullying (misusing technology/social media to harass, teas, threaten, post pictures [sexting])
<input type="checkbox"/>	Other (describe): _____

**Names and role of those involved in the incident: (student/employee/other)**

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**Describe the specific nature of the incident. (Be specific as possible.) What happened? 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)*

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Weight/ Size	<input type="checkbox"/> National origin	<input type="checkbox"/> Ethnic group
<input type="checkbox"/> Religion	<input type="checkbox"/> Religious practice	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender
<input type="checkbox"/> Sex	<input type="checkbox"/> Other: _____			

**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, Number of days student was absent: \_\_\_\_\_

**Describe the impact this incident has had on the student (target):**

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

**What do you think should be done about the situation?**

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**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.**