

DASA Investigation Form

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

School District: _____

Dignity Act Coordinator: _____ **Position:** _____

Today's date: _____ **Name of person reporting incident:** _____

Role of the person reporting the incident (Check one)

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

Phone: _____ **Email:** _____

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

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):

- On school property Classroom Hallway Bathroom Cafeteria Gym Locker Room
 At a school function On a school bus Off school property Electronic Communication
 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.

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

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)

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

FOR SCHOOL LEADERS OR DESIGNEES ONLY

II. The following section is for documenting the school's investigation to be completed by the school leader and/or designee (i.e. Dignity Act Coordinator).

Results of Investigation (include a summary of information gathered from interviews):

Did the investigation verify that a material incident of bullying, harassment, and/or discrimination occurred? Yes No If no, why?

Description of the plan to eliminate bullying and reduce the hostile environment:

Contact with parents/guardians of target – date: _____

Contact with parents/guardians of aggressor(s) – date: _____

Contact with law enforcement – date: _____

Results: _____

Remediation: (Check all that apply):

- Education Counseling Disciplinary (Code of Conduct)
- Restorative Law Enforcement Other (describe)

Who needs to be informed about the plan (respect confidentiality)? Check all that apply

- Students Administration Parents School staff Other

Keep this report on file to calculate yearly data reported to New York State Education Department.