

West Canada Valley Central School District

Dignity for All Students Act (DASA) Report Form

The Dignity for All Students Act puts in place procedures for the creation of school environments free of discrimination and harassment.

Date/time

Person completing

Of Incident: _____

this report: _____

Target/Victim(s) Name(s):

Offender(s) Name(s):

Witness/Bystander Name(s):

PART I. BASIC INFORMATION:

Incident occurred (check one):

During regular school hours

Before/after regular school hours

Location of incident (check one):

Auditorium

Bus

Girls bathroom

Hallway

Playing field

Boys bathroom

Cafeteria

Girls locker room

Parking Lot

Pool

Boys locker room

Classroom

Gymnasium

Playground

Electronic/Online Cyber Offense

Other (specify below)

Incident occurred (check one):

On school property

At school sponsored function off school grounds

Off school property (select this only if it is a cyber offense)

PART II. TYPE OF HARASSMENT/BULLYING:

Called Mean Names

Excluded

Hit/Kicked/Punched

Told Lies/False Rumors

Racial Comments

Sexual Comments

Threatened

Took/Damaged Property

Other (explain below)

Bullying/Harassment was based on actual or perceived (please check all that apply):

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Weight	<input type="checkbox"/> National Origin
<input type="checkbox"/> Ethnic Group	<input type="checkbox"/> Religion	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Sex	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Not Sure	<input type="checkbox"/> Other

Who have you spoken to about the incident? (Circle all that apply and list names):

Teacher: _____

Other Adult at School: _____

Family Member(s): _____

Friend(s): _____

Description of Incident: *Please use as much detail as possible, such as who was involved, how it happened and if there were any injuries.*

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Part III. Actions Taken (Check all that apply):

Please include the number of days for in/out-of-school suspension or suspension from class/activities.

- | | |
|---|---|
| <input type="checkbox"/> Meeting with Principal | <input type="checkbox"/> Meeting with Counselor/Social Worker |
| <input type="checkbox"/> Parent/Guardian Called | <input type="checkbox"/> Increased Supervision |
| <input type="checkbox"/> Verbal Correction | <input type="checkbox"/> Referral to In-School Counseling |
| <input type="checkbox"/> Referral to Outside Counseling/Treatment Program | <input type="checkbox"/> Conflict Resolution |
| <input type="checkbox"/> Behavioral Plan | <input type="checkbox"/> Lunch Detention |
| <input type="checkbox"/> After-School Detention _____ days | <input type="checkbox"/> Suspension from Class or Activities _____ days |
| <input type="checkbox"/> In-School Suspension _____ days | <input type="checkbox"/> Out-of-School suspension _____ days |
| <input type="checkbox"/> Parent Meeting | <input type="checkbox"/> Transferred to Alternate Education Program |
| <input type="checkbox"/> Referral to law enforcement or juvenile justice system | <input type="checkbox"/> Other – Specify _____ |

Other Previous Discriminatory and/or Harassing incidents, if any: Date(s): _____

Description(s): _____

Consequences Determined By: _____ Date _____

Signature of School Administrator: _____ Date _____

Signature of Dignity Act Coordinator: _____ Date _____

Follow-Up Date: _____