



Bedford Central School District  
Dignity for All Students Act (DASA)

*Responding to Incidents*

Bullying, Harassment and Discrimination - For District/School Files Only

**Incident Reporting Form: Dignity for All Students Act (DASA)**

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).

**Today's date**

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

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

- Anonymous report                       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 and time of incident:** \_\_\_\_\_

- What was your involvement in the incident?**
- I was directly involved in the incident  
 I observed the incident  
 I heard about the incident

**List any witnesses:** \_\_\_\_\_

**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, tease, threaten, post pictures (sexting))
<input type="checkbox"/>	Other (describe):

**Who was involved in the incident?**

*(Check all that apply)*

Student     Employee     Other: \_\_\_\_\_

**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. *(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 <i>(including hair &amp; protective hairstyles)</i> | <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 (describe): _____                                  |                                   |   |  |

**Name(s) 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: \_\_\_\_\_

**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.***

Signature of Person Completing to form: \_\_\_\_\_