

Oriskany Central School District

1313 Utica Street
Oriskany, NY 13424-0539

DASA INCIDENT REPORTING FORM

The Oriskany Central School District is committed to providing a safe, supportive environment free from harassment, bullying, and discrimination for all students. The District 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, cyberbullying, and/or discrimination, please use this form to report all allegations.

School district personnel witnessing an incident or receiving a report of an incident must complete and submit this written report with two (2) school days. *Note: School district personnel must also orally notify the principal, superintendent and/or 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 complainant. 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.

School Location: _____ Dignity Act Coordinator: _____

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 Number: _____ E-Mail Address: _____

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 Cafeteria On a school bus Classroom: _____
- Gymnasium Off school property Hallway Locker Room
- Electronic Communication Bathroom At a school function Other: _____

Type of Incident (Check all that apply):

- Physical contact (kicking, punching, spitting, tripping, pushing, take belongings)
- Verbal threats (gossip, name-calling, 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: _____

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 Religion Sex Color Religious practice Weight/size
- Disability National origin Sexual orientation Ethnic group Gender Other: _____

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 _____ I do not know

Does the situation continue to occur? Yes NO

What do you think should be done about this situation?

You can contact the school administrator, Dignity act Coordinator, Counselor, or any other staff member (whoever you are most comfortable with) for information and/or assistance at any time.

DASA INCIDENT INVESTIGATION FORM

The following section is for documenting the school's investigation to be completed by the school administrator and/or the Dignity Act Coordinator.

Results of the Investigation (include summary of information gathered from the interview):

Did the investigation verify that a material incident of bullying, harassment, and/or discrimination occurred?

Yes No If no, why?

Description of plan to eliminate bullying, harassment, and/or discrimination, and reduce the hostile environment:

Contact with parents/guardians of target: _____ Date

Contact with parents/guardians of offender(s): _____ Date

Contact with law enforcement: _____ Date

Results:

Remediation: (Check all that apply)

- Education Counseling Disciplinary (per Code of Conduct): _____
- Restorative justice or other program: _____
- Law enforcement Other: _____

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

- Students Administration Parents/guardians School Staff
- Other: _____

Follow up review plan (is plan working) in _____ weeks

Target's response to plan to determine effectiveness:

Additional plan revisions and comments, if needed:

Keep this report on file to calculate yearly data reported to New York State Education Department. Additional sheets should be attached to this report to fully capture the information reported and subsequent investigation.