



**DIGNITY FOR ALL STUDENTS ACT**  
**Incident Reporting Form**

The Eastchester Union Free 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, cyber-bullying, 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 within two (2) school days to the school’s DASA Coordinator or administrator. NOTE: School/district personnel must also orally notify their building principal or the Superintendent (or their 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 complaint. A prompt and thorough investigation will be conducted for all incident reports.

**I. To be completed by person reporting the incident (or the person receiving the complaint)**

**Name of person(s) reporting incident:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Today’s date:** \_\_\_\_\_

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

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

**Phone and/or Email:** \_\_\_\_\_



**Name(s) of student(s) 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)**

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

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

- Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
- Verbal threat (gossip, name-calling, put-downs, teasing, 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 (please describe): \_\_\_\_\_

**Who was involved in the incident? (Check all that apply)**

- Student
- Employee
- Other (please specify): \_\_\_\_\_



**Describe the specific nature of the incident. What happened? Please be as specific as possible. What did the alleged offender say or do? Please include copies of text messages, emails, etc. if possible.**

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*(Please feel free to attach a description of the incident if there is not enough room on the form)*

**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"/> Religious practice     |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Disability             |
| <input type="checkbox"/> Weight/size     | <input type="checkbox"/> Sexual orientation     |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Gender                 |
| <input type="checkbox"/> Ethnic group    | <input type="checkbox"/> Sex                    |
| <input type="checkbox"/> Religion        | <input type="checkbox"/> Other (describe) _____ |

**Names of others who may have witnessed the incident:**

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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.*