



Longwood Central School District

Dignity for All Students Act (DASA)

Responding to Incidents

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

DIGNITY ACT COMPLAINT FORM

To be completed by the person reporting the incident (or the person receiving the complaint and/or investigating the incident) and submitted to the Dignity Act Coordinator (DAC).

School: _____

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): _____

Any Witnesses: _____

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

Where did the incident happen? (Check all that apply)

☐ On school property	☐ Cafeteria	☐ On a school bus	☐ Hallway	☐ Bathroom
☐ Classroom	☐ Gym	☐ Off school property	☐ Locker Room	☐ At a school function
☐ 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):

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)*

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):			

Was the student absent from school as a result of the incident? ☐ No ☐ Yes, Number of days absent: _____

Describe the impact this incident has had on the student (target): _____

Does the situation continue to occur? ☐ Yes ☐ No

What do you think should be done about the situation?

You can contact the school administrator, Dignity Act Coordinator, mental health team member, or other staff member (whoever you are most comfortable with) for information or to assistance at any time.

Signature of Person Completing the form: _____