



**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: _____ **School:** _____ **Dignity Act Coordinator:** _____

Name and position of person reporting the incident: _____

Role of person reporting incident (Check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Anonymous report | <input type="checkbox"/> Student Target | <input type="checkbox"/> Student (witness) |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Staff Member | <input type="checkbox"/> 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?**
- | |
|--|
| <input type="checkbox"/> I was directly involved in the incident |
| <input type="checkbox"/> I observed the incident |
| <input type="checkbox"/> 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)*

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 *(including hair & protective hairstyles)* Color Weight/Size National origin
 Ethnic group Religion Religious practice Disability
 Sexual Orientation Gender Sex
 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): _____

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, counselor, or other staff member (whoever you are most comfortable with) for information or assistance at any time.

Signature of Person Completing to form: _____