



HOME OF THE MAROON KNIGHTS

Elementary School
610 Reese Road
Frankfort, NY 13340
315-895-7491

High School
605 Palmer Street
Frankfort, NY 13340
315-895-7461



DASA INCIDENT REPORTING FORM

The Frankfort-Schuyler 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 within 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 complaint. 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.

Part I – Incident Reporting

School Location: _____ DASA Coordinator: _____

Today's Date: _____ Person Reporting: _____

Role (check one):

☐ Student Target ☐ Student Witness ☐ Parent/Guardian
☐ Staff ☐ Other _____

Phone: _____ Email: _____

Targeted Student: _____

Alleged Offender(s): _____

Date/Time of Incident: _____

Involvement:

☐ Directly Involved ☐ Witnessed ☐ Heard About It

Incident Details

Location (check all that apply):

- | | | |
|---|-------------------------------------|---------------------------------------|
| ☐ School Property | ☐ Cafeteria | ☐ Hallway |
| ☐ Classroom | ☐ Bus | ☐ Gym |
| ☐ Locker Room | ☐ Bathroom | ☐ School Event |
| ☐ Electronic Communication | ☐ Off Campus | ☐ Other _____ |

Type of Incident:

- | | | |
|-----------------------------------|--|--|
| ☐ Physical | ☐ Verbal | ☐ Psychological |
| ☐ Abuse | ☐ Cyberbullying | ☐ Other _____ |

Who was involved?

- | | | |
|----------------------------------|-----------------------------------|-------------------------------|
| ☐ Student | ☐ Employee | ☐ Both |
|----------------------------------|-----------------------------------|-------------------------------|

Describe what happened:

Adults present and response:

Bias involved (if known):

Witnesses:

Was the target absent due to incident? ☐ No ☐ Yes Days: _____ ☐ Unknown

Does the situation continue? ☐ Yes ☐ No

What do you think should be done?

Part II – School Investigation (Administrator/DASA Coordinator Only)

Results of Investigation:

Did the investigation verify a material incident? ☐ Yes ☐ No If no, why?

Plan to eliminate bullying/harassment/discrimination and reduce hostile environment:

Parent/Guardian Contact (Target): _____ Date: _____

Parent/Guardian Contact (Offender): _____ Date: _____

Law Enforcement Contact (if applicable): _____ Date: _____

Results/Outcome:

Remediation (check all that apply):

- ☐ Education ☐ Counseling ☐ Discipline ☐ Restorative Practices
☐ Law Enforcement ☐ Other _____

Who needs to be informed?

- ☐ Students ☐ Administration ☐ Parents/Guardians ☐ School Staff
☐ Other _____

Follow-up review in _____ weeks

Target response to plan:

Additional comments:
