



DIGNITY FOR ALL STUDENTS ACT (DASA) INCIDENT REPORT FORM

To be completed by the person reporting the incident to the DASA Coordinator

BEFORE YOU COMPLETE THIS FORM, PLEASE READ BELOW

*What is Bullying? To deem an incident as a bullying incident it **must** meet the following criteria. If unsure, speak with the building principal or school counselor/social worker.*

*Bullying involves **REPEATED** teasing, threatening, physical violence, leaving someone out on purpose, gossiping, taunting, spreading rumors, hitting, taking or breaking someone's things, discrimination or harassment based on race, sex, religion, ethnicity, usually involving an imbalance of power.*

Person Reporting Incident:		Date:	
Contact Information			
Home and/or Cell Phone:			
Email:			
School:			
Target (Victim/s) Name:	<input type="checkbox"/> Student <input type="checkbox"/> Employer	Sex / Identified Gender	Grade / Position
Offender/s Name:	<input type="checkbox"/> Student <input type="checkbox"/> Employer	Sex / Identified Gender	Grade / Position
Offender/s Name:	<input type="checkbox"/> Student <input type="checkbox"/> Employer	Sex / Identified Gender	Grade / Position
Offender/s Name:	<input type="checkbox"/> Student <input type="checkbox"/> Employer	Sex / Identified Gender	Grade / Position

Incident Description of Discriminatory and/or Harassing Behaviors

Type of bias based on the person's actual or perceived (check all that apply)

- | | | | |
|---------------------------------------------|-----------------------------------|----------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Weight | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Religion | <input type="checkbox"/> Religious Practices | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender | <input type="checkbox"/> Sex | <input type="checkbox"/> Not Sure |
- (or Identified Gender)

Other:

Did the incident involve cyberbullying (social media, texting, emails, etc.)? Yes No



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Description of the Incident:

Incident involved (check all that applies)?

- Involving intimidating or abuse but no verbal threat or physical contact
- Involving verbal threats but no physical contact
- Involving physical contact but no verbal threat
- Involving both verbal threat and physical contact
- Involving only student offenders

Location

- On School Property
- At a school-sponsored function off school grounds
- Internet or Social Media – Explain:

- Off school grounds – Explain:

Were there any witnesses? Yes No

If yes, list the names of the individual(s):

Please attach any supporting documentation (i.e. copies of emails, notes, photos, etc.)

Note of Confidentiality: In order to investigate the complaint, the Avon Central School District will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s).