

DASA INCIDENT FORM COOPERSTOWN SCHOOL DISTRICT



The Dignity for All Students Act (The Dignity Act) was established to protect all students from harassment, bullying and discrimination. It became effective on July 1, 2012 and was amended to include cyberbullying effective July 1, 2013.

1. Start by filling out a Cooperstown DASA Incident Complaint Form. They are available digitally on the school website. If you would like a paper version, they are available in the main office in both buildings.
2. Forms should be submitted as soon as possible after the incident(s) occurs. School personnel must notify an administrator of a report within one day and file a written report no later than two days after the original report.
3. The Dignity Act Coordinator will review the incident based on the 5 Factors Checklist and attempt to resolve it at the lowest level.
4. 5 Factors Checklist
 - ☐ Did harm occur through an intentional act?
 - ☐ Was act committed based on discrimination/ intolerance or bias?
 - ☐ Is it pervasive and/or persistent?
 - ☐ Does it substantially interfere with the student's academic, emotional, social and/or physical well-being?
 - ☐ Did the act cause fear for physical safety?
5. An informal investigation will be conducted by school staff and documented.
6. If any of the factors are checked, a formal investigation is necessary. It will be conducted by our administrative team and the attached documents will be completed.

COOPERSTOWN CENTRAL SCHOOL DISTRICT DIGNITY ACT INCIDENT COMPLAINT FORM (DASA)

Instructions: complete the form, if using paper copy make a copy and submit the original to the Principal's Office.

Name of Reporter: _____ Date of Report: _____
Relationship to Student on whose behalf you are reporting: _____
Name of Student subjected to harassment/bullying/discrimination (target): _____
Grade of target: _____
School of target (E School/ JrSr HS): _____
Name of suspect(s): _____ Grade of suspect(s): _____
School of suspect (E School/ JrSr HS): _____
Did you witness the incident(s)? _____
List any witnesses: _____

Check all of the behaviors that the target has experienced:

- ☐ Pushing
- ☐ Punching
- ☐ Pinching
- ☐ Hurtful Teasing
- ☐ Spreading Rumors/Lies
- ☐ Socially Rejecting
- ☐ Intimidation
- ☐ Tripping
- ☐ Slapping
- ☐ Grabbing
- ☐ Name Calling
- ☐ Sending Hate Notes
- ☐ Threats
- ☐ Cyber bullying
- ☐ Hitting
- ☐ Kicking
- ☐ Spitting
- ☐ Insulting Remarks
- ☐ Hurtful Graffiti
- ☐ Stalking
- ☐ Other _____

**Add a brief description of the incident (including the date, time and place of the behavior(s).
Use an additional page if necessary:**

The behavior(s) are suspected of being based upon the following characteristics (actual or perceived) of the target (check all that apply):

- ☐ Gender
- ☐ Race
- ☐ National Origin Disability
- ☐ Sexual Orientation Color
- ☐ Religious Practice None of the Above
- ☐ Sex
- ☐ Ethnic Group
- ☐ Weight
- ☐ Other _____

Check where the behaviors have been observed. Check all that apply.

- ☐ Auditorium
- ☐ Bathroom
- ☐ Bus
- ☐ Cafeteria
- ☐ Online
- ☐ Classroom
- ☐ Gym
- ☐ Locker Room
- ☐ Lunch Detention
- ☐ Office
- ☐ Off campus (school sponsored)
- ☐ Parking Lot
- ☐ Playground
- ☐ Recess Area
- ☐ Stairway
- ☐ Unauthorized Area
- ☐ Off campus (non-school sponsored)
- ☐ Hallway
- ☐ In School Suspension
- ☐ Library
- ☐ Other _____

Signature of Person Filing Report: _____ Date: _____

Retaliation or threats of retaliation against any person involved in an investigation or harassment, bullying or discrimination will not be tolerated. If you believe that you have been subjected to such action as a result of your cooperation, please contact the building Dignity Act Coordinator or the building principal.

FOR SCHOOL LEADERS OR DESIGNEE ONLY

II. The following section is for documenting the school's investigation to be completed by the school leader and/or designee (*i.e.* Dignity Act Coordinator)

Results of Investigation (include summary of information gathered from interviews):

(Add extra pages if needed)

Did the investigation verify that a material incident of bullying, harassment, and/or discrimination occurred? ☐ Yes ☐ No

If no, why?

Description of plan to eliminate bullying and reduce the hostile environment:

Contact with parents/guardians of target – date: _____

Contact with parents/guardians of aggressor(s) – date: _____

Contact with law enforcement – date: _____

Results:

Remediation: *(Check all that apply)*

- ☐ Education
- ☐ Counseling
- ☐ Disciplinary *(Code of Conduct application)* _____
- ☐ Restorative Justice or other program
(describe) _____
- ☐ Law Enforcement
- ☐ Other *(describe)* _____

Who needs to be informed about the plan (respect confidentiality)? *Check all that apply.*

- ☐ Students ☐ Administration ☐ Parents ☐ School staff ☐ Other _____

Follow up review of plan (is plan working?) in _____ **weeks**

Target's response to plan to determine effectiveness:

Additional plan revisions and comments, if needed:

Keep this report on file to calculate yearly data reported to New York State Education Department.