**DIGNITY FOR ALL STUDENTS ACT (DASA)**

**Complainant - INCIDENT REPORT FORM – Part 1**

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

|  |  |
| --- | --- |
| **Complainant Name:** | **Date:**  |
| Complainant Contact Information**Home and/or Cell Phone:****Address:****Email:** |
| **School:** |
| **Victim(s) Name:** | **❒ Student****❒ Employer** | Sex | **Grade** |
| **Offender(s) Name:** | **❒ Student****❒ Employer** | **Sex** | **Grade / Position** |
| **Offender(s) Name:** | **❒ Student****❒ Employer** | **Sex** | **Grade / Position** |
| **Offender(s) Name:** | **❒ Student****❒ Employer** | **Sex** | **Grade / Position** |
| **Witness(s) Name and Contact Information:** |
| **Dignity Act Coordinator and Contact Information:** |

## Incident Description of Discriminatory and/or Harassing Behaviors

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

|  |  |  |  |
| --- | --- | --- | --- |
| * **Race**
 | * **Color**
 | * **Weight**
 | * **National Origin**
 |
| * **Ethnic group**
 | * **Religion**
 | * **Religious Practices**
 | * **Disability**
 |
| * **Sexual Orientation**
 | * **Gender**
 | * **Sex**
 | * **Not Sure**
 |
|  **❒ Other:****Did the incident involve cyberbullying? ❒ Yes ❒ No** |

**DIGNITY FOR ALL STUDENTS ACT (DASA)**

**Complainant - INCIDENT REPORT FORM – Part 1**

**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**
* **Off school grounds – Explain:**

# Were there any witnesses? ❒ Yes ❒ No

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIGNITY FOR ALL STUDENTS ACT (DASA)**

**Dignity Act Coordinator - INCIDENT REPORT FORM – Part 2**

To be completed by the DASA Coordinator.

**\*Was this Incident**

* **A result of an investigation of a written or oral complaint**
* **Directly Observed**
* **A thorough investigation was conducted, and it is concluded that this is not a DASA incident.**

**Injuries:**

**Has any physical injury or injuries resulted from this/these incidents? ❒ Yes ❒ No**

**If yes, was medical treatment required: ❒ Yes ❒ No**

**If yes, what were the injuries that required medical treatment? ❒ Yes ❒ No**

**If yes to any of the above, please explain:**

**Are there observable changes in the student’s (target) behavior? (Check all that apply)**

|  |  |  |  |
| --- | --- | --- | --- |
| * **Attendance**
 | * **Grades**
 | * **Depression**
 | * **Feelings about self/others**
 |
| * **Antisocial Behaviors**
 | * **Self-destructive behaviors**
 | * **Withdrawal**
 | * **Social Interaction/s**
 |
| * **Other – Explain**
 |

**DIGNITY FOR ALL STUDENTS ACT (DASA)**

**Dignity Act Coordinator - INCIDENT REPORT FORM – Part 2**

### Actions Taken

**What actions were taken in response to the incident described above? (Check all that apply)**

|  |  |  |
| --- | --- | --- |
| * **Meeting with principal or his/her designee**
 | * **Verbal correction**
 | * **Parent/guardian called**
* **Increase**
 |
| * **Increased supervision**
 | * **Meeting with guidance counselor / psychologist**
 | * **Conflict resolution**
 |
| * **Awareness / sensitivity session (1-1 with counselor, DAC, teacher, etc.)**
 | * **Referral to counseling services for bias-based bullying, harassing, or discriminatory behaviors**
 | * **Community service ( with parental permission)**
 |
| * **Prevention or intervention program or strategy, explain:**
 |
| * **Referral to counseling or treatment program**
 | * **Lunch detention**
 | * **After school detention**
 |
| * **Suspension from class or activities**
 | **ISS: ❒ Full Day** **❒ Partial Day**  | **OSS: ❒ Full Day** ❒ **Partial Day**  |
| * **Behavioral plan**
 | * **Teacher removal (3214)**
 |  |
| * **Transfer to alternative education**
 | * **Law enforcement notified**
 | * **Referral to community-based organization**
 |
| * **Other supports offered or disciplinary actions taken:**
 |

# PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any person reporting an incident of harassment, discrimination, and/or bullying in good faith is protected from liability claims.**

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

**Return this form to:**

Note of Confidentiality: In order to investigate the complaint, the 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).