**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).