

**East Ramapo Central School District**

**DASA INCIDENT REPORTING FORM**

Name of Reporter or Anonymous: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone/E-mail: \_\_\_\_\_

I am: student \_\_\_\_ parent \_\_\_\_ employee \_\_\_\_ other \_\_\_\_\_ *check one*

I am the target of the alleged harassment: yes \_\_\_\_ no \_\_\_\_

Name of Target: \_\_\_\_\_

School: \_\_\_\_\_

Grade/Class/Counselor: \_\_\_\_\_

Name of Target:

\_\_\_\_\_

School: \_\_\_\_\_

Grade/Class/Counselor: \_\_\_\_\_

Name of Alleged Aggressor(s): \_\_\_\_\_

School: \_\_\_\_\_

Grade/Class/Counselor: \_\_\_\_\_

The target was harassed because of his/her actual or perceived (*circle all that apply*)

Race	Weight	Color	National Origin
Ethnic Group	Disability	Religion	Sexual Orientation
Religious Practice	Sex	Gender (Identity or Expression)	Height

Other: \_\_\_\_\_

**INCIDENT(S)**

Date of Incident(s): \_\_\_\_\_ Approximate Time: \_\_\_\_\_

Location (Be specific): \_\_\_\_\_

Witness(es):

\_\_\_\_\_ Student Staff Other

\_\_\_\_\_ Student Staff Other

\_\_\_\_\_ Student Staff Other

\_\_\_\_\_ Student Staff Other

Did the incident(s) involve the use of electronic/digital communication?  Yes  No

If yes, how did you become aware of the electronic/digital communication?

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

*Attach evidence, if available.*

Describe to the best of your ability what you observed regarding this incident.

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

Signature of Reporter (optional): \_\_\_\_\_

Print Name of Reporter(optional): \_\_\_\_\_

**OFFICE USE ONLY**

Based on the investigation, do the alleged actions, if true, constitute bullying, harassment or discrimination? If not true, does the conduct, if true, involve a violation of the district's code of conduct?

<b>Date received:</b>	<b>DASA</b>	<b>Disciplinary</b>
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*DASA investigation must begin within 48 hours from receipt of the form.*

**DASA INVESTIGATION Part II**

**Name of Building Administrator or Dignity Act Coordinator:** \_\_\_\_\_

**Interviews Conducted:**

Name of Target: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Alleged Aggressor(s): \_\_\_\_\_ Date: \_\_\_\_\_

Name of Alleged Aggressor(s): \_\_\_\_\_ Date: \_\_\_\_\_

Was the aggressor: Student \_\_\_ Employee \_\_\_ Other \_\_\_ *check all that apply*

Name of Witness(es): \_\_\_\_\_

**Incident Description of Discriminatory and/or Harassing Behaviors**

Race	Weight	Color	National Origin
Ethnic Group	Disability	Religion	Sexual Orientation
Religious Practice	Sex	Gender (Identity or Expression)	Other:

**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 \_\_\_\_\_

**Approximate Time:** \_\_\_\_\_

**Was this incident:**

- A written or oral complaint; OR
- Directly observed

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

<input type="checkbox"/> Feelings about self/others	<input type="checkbox"/> Depression	<input type="checkbox"/> Grades	<input type="checkbox"/> Attendance
<input type="checkbox"/> Social interaction(s)	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Self-destructive behaviors	<input type="checkbox"/> Antisocial behaviors

**ACTIONS TAKEN**

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

<input type="checkbox"/> Parent/guardian called	<input type="checkbox"/> Verbal correction	<input type="checkbox"/> Meeting with principal or his/her designee
<input type="checkbox"/> Conflict resolution	<input type="checkbox"/> Meeting with guidance counselor/psychologist	<input type="checkbox"/> Increased supervision
<input type="checkbox"/> Community service (with parental permission)	<input type="checkbox"/> Referral to counseling services for bias-based bullying, harassing, or discriminatory behaviors	<input type="checkbox"/> Awareness/sensitivity session (1-1 with counselor, DAC, teacher)

Prevention or intervention program or strategy, explain:

<input type="checkbox"/> After school detention	<input type="checkbox"/> Lunch detention	<input type="checkbox"/> Suspension from class or activities
<input type="checkbox"/> OSS: Full Day or Partial Day	<input type="checkbox"/> ISS: Full Day or Partial Day	<input type="checkbox"/> Behavioral plan
<input type="checkbox"/> Teacher removal (3214)	<input type="checkbox"/> Law enforcement notified	<input type="checkbox"/> Transfer to alternative education

*Attach additional documentation as needed.*

**Action taken as a result of the investigation:**

\_\_\_\_\_

\_\_\_\_\_

**Print/Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Next step: Put a Safety Plan in Place*