



Beaver River Central School District

Students Dignity for All Students Act (DASA) Incident Reporting Form

(Form to be completed by the person reporting the incident, receiving the complaint, or investigating the incident)

School: _____ Today's Date: _____

Dignity Act Coordinator: *Troy Hebert*

Position: *MS/HS Assistant Principal*

Role of person reporting incident (check one)

- Student Target
- Student (witness)
- Parent/Guardian
- Staff Member
- Other

Telephone: _____ Email: _____

Name of Target: _____
(student being bullied, harassed, or discriminated against)

Name(s) of alleged offenders: _____

Dates & times of incident: _____

What was your involvement in the incident?

- I was directly involved in the incident
- I observed the incident
- I heard about the incident

Where did the incident happen? (check all that apply)

- On school property
- Classroom
- Hallway
- Bathroom
- Cafeteria
- Gym
- Locker Room
- At a school function
- School Bus
- Off school property
- Electronic communication
- Other (describe): _____

Type of incident:

- Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
- Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
- Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
- Abuse (actions or statements that put an individual in fear of bodily harm)
- Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures (sexting))
- Other (describe): _____

Who was involved in the incident?

- Student
- Employee
- Both student and employee

Describe the specific nature of the incident by what happened? (be as specific as possible).

What did the alleged offender say or do? Include any copies of text messages, emails, etc. if possible.

(add extra pages if needed)

If there were any adults in the area when this happened, what did they do?

Types of bias involved, if known: (circle all that apply)

Race	Gender	Disability	Religion
National Origin	Color	Sex	Sexual Orientation
Religious practice	Ethnic Group	Weight/Size	

Other (describe):

Names of others who may have witnessed the incident: _____

Was the student absent from school as a result of the incident? Yes or No

If yes, number of days the student was absent? _____

Does the situation continue to occur? Yes or No

You can contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whoever you are most comfortable with) for information or assistance at any time.

Please return your form to Mrs. Wolff in the Middle/High School Office