



# Bullying vs. Conflict Checklist

Date: \_\_\_\_\_

1 check = possibly bullying    2 checks = likely bullying    3+ checks = bullying

(If no checks or one check, it's likely a conflict)

1. Is the behavior described as unwanted/unsolicited?

\_\_\_\_\_ **Unwanted/Unsolicited**

2. Is there a real OR PERCEIVED power imbalance between the individuals, or do they have equal power/social status in the situation?

\_\_\_\_\_ **Power imbalance exists**

3. Is the unwanted behavior primarily one-sided or mutual?

\_\_\_\_\_ **Primarily one-sided**

4. Was this a repeated incident **OR** does it have the **potential** to be repeated? Was this an isolated incident?

\_\_\_\_\_ **Repeated or potential to be repeated**

5. Do both parties agree there is a conflict? Are one of the parties asserting that there is not a conflict?

\_\_\_\_\_ **One of the parties says there is no problem between the two people**

The above evidence suggests that this DASA claim is:    **FOUNDED** \_\_\_\_\_    **UNFOUNDED** \_\_\_\_\_

**Sent to:** \_\_\_\_\_ Mr. Green    \_\_\_\_\_ Mr. Rains    \_\_\_\_\_ Mr. Hebert    \_\_\_\_\_ Dr. Lyman-Wright

**Date sent:** \_\_\_\_\_



**Beaver River Central School District**  
Dignity for All Students Act (DASA) Reporting Form

**PART 1: Complainant**

This form CAN be completed by anyone who is concerned about an incident.  
This form MUST be filled out by any staff member who has witnessed/been made aware of an incident.

**Complainant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Check all that apply:**

- I am the alleged victim
- I am the parent/guardian to the alleged victim
- I am a student that witnessed a problem
- I am a staff member reporting an incident I was told about or witnessed

**The best way to reach me is:**

- Room Number: \_\_\_\_\_
- Phone Number: (     ) \_\_\_\_\_
- Email address: \_\_\_\_\_

**School Building:** (*circle one*)    Elementary            Middle School            High School

**Victim(s) Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Aggressor(s) Name:** \_\_\_\_\_ **Grade/Position:** \_\_\_\_\_

**Aggressor(s) Name:** \_\_\_\_\_ **Grade/Position:** \_\_\_\_\_

**Aggressor(s) Name:** \_\_\_\_\_ **Grade/Position:** \_\_\_\_\_

Is this the first incident between the students or an ongoing issue?

- First
- Ongoing

Have you ever reported this to an adult before?                      If yes, who? \_\_\_\_\_

**Incident description of discriminatory and/or harassing behaviors:** Type of bias based on the person's actual or perceived (*circle 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



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*Complainant - Incident Report form (continued)*

**Description of the incident:**

**Incident involved:** *(check all that apply)*

- Involving intimidating or abuse, but no verbal threat or physical contact
- Involving verbal threat, 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:** *(circle all that apply)*

Classroom    Hallway/locker    Cafeteria    Playground    School Bus    Library  
Gym/Locker Room    Athletic Field    Other: \_\_\_\_\_

- At a school-sponsored function off school grounds**
- Off school grounds** *(please explain)*
- Internet/Social Media**

**Were there any witnesses?**    Yes    No

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



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**Incident Report Form – Part 2**

To be completed by the DASA Coordinator.

Submit this completed form along with the completed Complainant Incident Form to Principal

**The attached incident was:**

- 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? \_\_\_\_\_

**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 interactions
- Other – please explain:



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**Incident Report Form - PART 2 (con't)**  
 To be completed by the DASA Coordinator.

**ACTIONS TAKEN:**

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

<input type="checkbox"/> Meeting with the principal or his/her designee	<input type="checkbox"/> Verbal correction	<input type="checkbox"/> Parent/guardian called Date: _____ Time: _____
<input type="checkbox"/> Increased supervision	<input type="checkbox"/> Meeting with guidance counselor/psychologist	<input type="checkbox"/> Conflict resolution
<input type="checkbox"/> Awareness/sensitivity session (1-1 with counselor, DAC, teacher, etc.)	<input type="checkbox"/> Referral to counseling services for bias-based bullying, harassing, or discriminatory behaviors	<input type="checkbox"/> Community service (with parental permission)
<input type="checkbox"/> Prevention or intervention program or strategy, explain:		
<input type="checkbox"/> Referral to counseling or treatment program	<input type="checkbox"/> Lunch detention	<input type="checkbox"/> After-school detention
<input type="checkbox"/> Suspension from class or activities	ISS <input type="checkbox"/> Full day <input type="checkbox"/> Partial day	OSS <input type="checkbox"/> Full day <input type="checkbox"/> Partial day
<input type="checkbox"/> Behavioral plan	<input type="checkbox"/> Teacher removal (3214)	<input type="checkbox"/> Transfer to alternative education
<input type="checkbox"/> Law enforcement notified	<input type="checkbox"/> Referral to community-based organization	
<input type="checkbox"/> 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.)

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