



# Beacon City School District Dignity for All Students (DASA) Incident Reporting Form

The BCSD is committed to providing a safe, supportive environment free from harassment, bullying and discrimination for all students. The District encourages the involvement of staff, students, parents and community members in the implementation and reinforcement of the Dignity for All Students Act.

**DIRECTIONS:** Harassment, discrimination, intimidation, bullying and/or cyber-bullying are serious offenses. If you are a student, the parent/guardian of a student, a volunteer or visitor, and believe you or someone else has been the target of alleged bullying or harassment, please use this form to report all allegations. **ALL SCHOOL EMPLOYEES ARE REQUIRED TO REPORT ALLEGED VIOLATIONS.**

School/district personnel witnessing an incident or receiving a report of an incident must complete and submit this written report within two (2) school days. *Note: School/district personnel must also orally notify the principal, superintendent or their designee no later than one school day after witnessing or receiving a report of an incident.*

All complaints will be treated in a confidential manner. Anonymous reports may limit the district's ability to respond to the complaint. A prompt and thorough investigation will be conducted for all incident reports. Please complete this form and return it to a school administrator or Dignity Act Coordinator.

Name of Affected Student: \_\_\_\_\_ Grade \_\_\_\_\_

Name of Alleged Offender(s) (if known)

\_\_\_\_\_ Grade \_\_\_\_\_      \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_ Grade \_\_\_\_\_      \_\_\_\_\_ Grade \_\_\_\_\_

Name of school adult you've already contacted (if any) \_\_\_\_\_

Incident date and time (if known) \_\_\_\_\_ / \_\_\_\_\_ School: \_\_\_\_\_

Where did incident happen? (Circle all that apply)

- |                               |                |                 |                 |             |
|-------------------------------|----------------|-----------------|-----------------|-------------|
| Classroom                     | Hallway        | Restroom        | Cafeteria       | Locker Room |
| School bus                    | Bus Stop       | To/From school  | Social media    | Internet    |
| Sports Field/gym              | School grounds | Text/Cell phone | School activity | Off campus  |
| Other (please describe) _____ |                |                 |                 |             |

What happened during this incident? (Check all that apply)

- Hitting, kicking, shoving, spitting, hair pulling, throwing something at student, punching, pushing
- Getting another person to hit or harm the student
- Teasing, taunting, name calling, making critical remarks in person, by phone, by email, etc.
- Making the student a target of jokes or put downs, humiliating, rejecting, or excluding the student
- Making rude and/or threatening statements or gestures
- Making the student fearful, demanding money or possessions, intimidating or exploiting the student
- Spreading harmful rumors or gossip
- Cyberbullying – Bullying by calling, texting, emailing, web posting, digital, electronic media
- Other (please describe) \_\_\_\_\_

Who was involved in the incident?

- Student
- Employee
- Both student and employee

**Did a physical injury result from this incident? (Please check one)**

\_\_\_\_\_ No      \_\_\_\_\_ Yes, medical attention required      \_\_\_\_\_ Yes, medical attention NOT required

**Student absent from school as a result of this incident?**  No  Yes      Number of days absent: \_\_\_\_\_

**Briefly describe the incident. (Be as specific as possible. What did alleged offender say or do? Include any copies of text messages, emails, etc. if possible. Add extra pages if needed.)**

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**Did you witness the incident?** \_\_\_\_\_ Yes      \_\_\_\_\_ No

**Were there any witnesses?** \_\_\_\_\_ Yes (Provide names, if known)      \_\_\_\_\_ No

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**Does the situation continue to occur?**  Yes       No

**The behaviors(s) are suspected of being based upon the following characteristics of the target (check all that apply):**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Gender          | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sex          |
| <input type="checkbox"/> Race            | <input type="checkbox"/> Color              | <input type="checkbox"/> Ethnic Group |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> Weight       |
| <input type="checkbox"/> Disability      | <input type="checkbox"/> Religion           | <input type="checkbox"/> Other _____  |

**Report being made by:** \_\_\_\_\_ Student      \_\_\_\_\_ Faculty/Staff      \_\_\_\_\_ Parent/Guardian      \_\_\_\_\_ Other

**Leave the following areas blank if reporting anonymously:**

Name of person reporting incident (please print) \_\_\_\_\_ Phone/Cell \_\_\_\_\_

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

**What was your involvement in the incident?**

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

***Retaliation or threats of retaliation against any person involved in an investigation or harassment, bullying or discrimination will not be tolerated. If you believe that you have been subjected to such action as a result of your cooperation, please contact the building Dignity Act Coordinator or the building principal. 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.***

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

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-----**FOR OFFICE USE**-----

Received by: \_\_\_\_\_

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

Offender's Parent/Guardian contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Victim's Parent/Guardian contacted \_\_\_\_\_ Date: \_\_\_\_\_

OUTCOME:     Resolved             Unresolved    Referred to: \_\_\_\_\_

I find insufficient evidence to conclude that the affected student was the victim of harassment, bullying or discrimination.

Due to the student's lack of cooperation in the investigation, I do not have sufficient evidence upon which to find that harassment, bullying or discrimination occurred.

If harassment, bullying or discrimination is found, check the specific actions taken to prevent and stop the behavior(s):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Warning                | <input type="checkbox"/> Conference                            | <b>Remediation:</b>                           |
| <input type="checkbox"/> After School Detention | <input type="checkbox"/> Bus Suspension                        | <input type="checkbox"/> Education            |
| <input type="checkbox"/> Assigned Seat on Bus   | <input type="checkbox"/> Suspension of Privileges              | <input type="checkbox"/> Counseling           |
| <input type="checkbox"/> Lunch Detention        | <input type="checkbox"/> Out of School Suspension (short term) | <input type="checkbox"/> Law Enforcement      |
| <input type="checkbox"/> In School Suspension   | <input type="checkbox"/> Superintendent Hearing                | <input type="checkbox"/> Restorative Justice: |
| <input type="checkbox"/> Mediation Adult        | <input type="checkbox"/> Other _____                           |   |

Results of Investigation (include summary of information gathered from interviews - add extra pages if needed):

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

Did the investigation verify that a material incident of bullying, harassment, and/or discrimination occurred?

Yes             No

If no, why?

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

Description of plan to eliminate bullying and reduce the hostile environment:

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

Contact with parents/guardians of target – date: \_\_\_\_\_

Contact with Parents/guardians of aggressor(s) – date: \_\_\_\_\_

Contact with law enforcement – date: \_\_\_\_\_

Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who else needs to be informed of plan (respect confidentiality)?

Student     Administration  Parents     School Staff     Other \_\_\_\_\_

- Follow-up review of plan (is it working?) in \_\_\_\_\_ weeks
- Target's response to plan to determine effectiveness: \_\_\_\_\_  
\_\_\_\_\_
- Additional plan revisions and comments, if needed: \_\_\_\_\_  
\_\_\_\_\_

**Keep this report on file to calculate yearly data reported to New York State Education Department.**