



**BEACON CITY SCHOOL DISTRICT
ADMINISTRATIVE OFFICES**

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Deputy Superintendent

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*Assistant Superintendent
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Dr. Matthew Landahl
Superintendent of Schools

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

This form is to be confidentially maintained in accordance with the Family Educational Rights and Privacy Act, 20 U.S.C. ss1232g. Incident report to be filed in the disciplinary record and incident entered into the appropriate electronic database.

DIRECTIONS: Harrassment, discrimination, intimidation and bullying are serious offenses. If you are a student, the parent/guardian of a student, a volunteer or visitor, and wish to report an incident of alleged bullying, complete this form and return it to the Principal or to an Assistant Principal at Beacon High School. **ALL SCHOOL EMPLOYEES ARE REQUIRED TO REPORT ALLEGED VIOLATIONS.** All others may complete this form anonymously by omitting name and signature and returning the completed form to the school principal or assistant principal. Every reported incident will be thoroughly investigated by the DASA Coordinator or designee.

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) _____

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
- 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) _____

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? _____ Yes/Number of days absent _____

Briefly describe the incident

Did you witness the incident? _____ Yes _____ No

Were there any witnesses? _____ Yes (Provide names, if known) _____ 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"/> None of the Above | <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: _____

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.

-----**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 |
| <input type="checkbox"/> After School Detention | <input type="checkbox"/> Bus Suspension |
| <input type="checkbox"/> Assigned Seat on Bus | <input type="checkbox"/> Suspension of Privileges |
| <input type="checkbox"/> Lunch Detention | <input type="checkbox"/> Out of School Suspension (short term) |
| <input type="checkbox"/> In School Suspension | <input type="checkbox"/> Superintendent Hearing |
| <input type="checkbox"/> Mediation Adult | <input type="checkbox"/> Other _____ |