

INSTRUCTIONS FOR COMPLETION OF DIGNITY FOR ALL STUDENTS ACT (DASA)

INCIDENT REPORTING FORM

The Crown Point Central School District is committed to offering its students an educational environment that promotes respect, dignity and equality. Towards that end, it has created a Dignity For All Students Act (DASA) Incident Reporting Form through which any individual possessing information suggesting that a student has been subject to such discrimination, harassment, hazing or bullying, including cyberbullying, can report such information so that it may be properly investigated and addressed.

1. Who should complete this form? The attached form is intended to be used by staff, students and/or parents to report incidents of discrimination, harassment, hazing or bullying, including cyberbullying, directed against students.

2. When should this form be completed? This form should be completed when there is evidence suggesting that a student has been subjected to any of the following: a. Harassment or bullying. The creation of a hostile environment by conduct or by threats, intimidation or abuse, including cyberbullying, that (a) has or would have the effect of unreasonably interfering with a student's educational performance, opportunities or benefits, or mental, emotional or physical well-being; or (b) reasonably causes or would reasonably be expected to cause a student to fear for his or her physical safety; or (c) reasonably causes or would reasonably be expected to cause physical injury or emotional harm to a student; or (d) occurs off school property and creates or would foreseeably create a risk of substantial disruption within the school environment, where it is foreseeable that the conduct, threats, intimidation or abuse might reach school property.

a. This document is an educational record under the Family Educational Rights and Privacy Act (FERPA) and may be subject to disclosure, in whole or in part, to the parents of students referenced therein.

b. Discrimination: Any form of discrimination against students prohibited by state or federal law (e.g., the denial of equal treatment, admission and/or access to programs, facilities and services based on the person's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender [including gender identity], or sex).

c. Are there specific time requirements for completion and submission of the form? Yes. Information regarding alleged harassment, bullying or discrimination must be orally reported by staff within one school day of their observation of or their receipt of such information, followed by completion and submission of this form within two school days of receipt of such information. All others should orally report such information as soon as practicable, followed by completion and submission of this form as soon as practicable.

d. To whom should the completed form be submitted? The completed form should be submitted to the building principal of the school that the student attends. If the student is attending an out-of-district school as a result of a CSE-recommended placement, the form should be submitted to the Director of Special Education.

e. To whom should I direct any further questions that I may have? Any questions should be directed to your building Dignity Act Coordinator or your building principal.

f. Are there other sources of information regarding the prohibition against harassment, bullying or discrimination of students? Yes. Additional information is available in the District's policy book and Code of Conduct, both of which are available on the District's web page, and from the New York State Education Department's web page (www.nysed.gov)

Crown Point Central School
DIGNITY FOR ALL STUDENTS ACT (DASA)
Complainant - INCIDENT REPORT FORM – Part 1

To be completed by the person reporting the incident to the DASA Coordinator

Complainant Name:		Date:	
Complainant Contact Information Home and/or Cell Phone: Address: Email:			
School:			
Target (Victim/s) Name:	<input type="checkbox"/> Student <input type="checkbox"/> Employer	Sex	Grade
Offender/s Name:	<input type="checkbox"/> Student <input type="checkbox"/> Employer	Sex	Grade / Position
Offender/s Name:	<input type="checkbox"/> Student <input type="checkbox"/> Employer	Sex	Grade / Position
Offender/s Name:	<input type="checkbox"/> Student <input type="checkbox"/> Employer	Sex	Grade / Position
Witness/es Name and Contact Information:			
Dignity Act Coordinator and Contact Information:			

Incident Description of Discriminatory and/or Harassing Behaviors

Type of bias based on the person's actual or perceived (check all that apply)

- | | | | |
|---|-----------------------------------|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Weight | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Religion | <input type="checkbox"/> Religious Practices | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender | <input type="checkbox"/> Sex | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Other: | | | |

Did the incident involve cyberbullying? Yes No

DIGNITY FOR ALL STUDENTS ACT (DASA)
Complainant - INCIDENT REPORT FORM – Part 1

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
- Off school grounds – Explain:

Were there any witnesses? Yes No

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

DIGNITY FOR ALL STUDENTS ACT (DASA)

Dignity Act Coordinator - INCIDENT REPORT FORM – Part 2

To be completed by the DASA Coordinator. Submit this fully completed form along with the fully completed Complainant Incident Form to Central Office.

*Was this Incident

- 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? Yes No

If yes to any of the above, please explain:

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

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Grades | <input type="checkbox"/> Depression | <input type="checkbox"/> Feelings about self/others |
| <input type="checkbox"/> Antisocial Behaviors | <input type="checkbox"/> Self-destructive behaviors | <input type="checkbox"/> Withdrawal | <input type="checkbox"/> Social Interaction/s |
| <input type="checkbox"/> Other – Explain | | | |

DIGNITY FOR ALL STUDENTS ACT (DASA)
Dignity Act Coordinator - INCIDENT REPORT FORM – Part 2

Actions Taken

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

<input type="checkbox"/> Meeting with principal or his/her designee	<input type="checkbox"/> Verbal correction	<input type="checkbox"/> Parent/guardian called <input type="checkbox"/> Increase
<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.)

Return this form to: Central Office

Note of Confidentiality: In order to investigate the complaint, BOCES 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).