



Dignity for All Students (DASA) - Reporting Form

The Burnt Hills-Ballston Lake Central School District 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.

Please use this form to report alleged harassment, discrimination, hazing or bullying that occurred on school property, at a school sponsored activity or event, or off school property, on a school bus, or on the way to and/or from school. Any student, parent/guardian, or community member may report an incident. Please contact the school for additional information or assistance.

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 and return this form to the Principal, Assistant Principal, or DASA Coordinator at the student's school.

| | |
|--------------------------|----------------------|
| School: | Today's Date: |
| DASA Coordinator: | Position: |

| | |
|--------------------|--------------------|
| Your Name: | |
| Your Phone: | Your Email: |

| |
|--|
| <u>Role of Person Reporting Incident: (Check One)</u> |
| <input type="checkbox"/> I am a student being bullied, harassed or discriminated against. |
| <input type="checkbox"/> I am a student who has witnessed bullying, harassment or discrimination. |
| <input type="checkbox"/> I am a parent who is reporting bullying, harassment or discrimination. |
| <input type="checkbox"/> I am a BH-BL staff member who is aware of bullying, harassment or discrimination. |
| <input type="checkbox"/> Other: I am: |

| | |
|--------------------------------|--------------------------------|
| Date(s) of Incident(s): | Time(s) of Incident(s): |
|--------------------------------|--------------------------------|

| | |
|--|-------------------|
| 1. Name of Targeted Student (being bullied, harassed , or discriminated against): | |
| School: | Grade/Age: |

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| 2. Names of Alleged Offender(s) | Grade | School/Age |
|---------------------------------|-------|------------|
| a. | | |
| b. | | |
| c. | | |

| 3. Names of Possible Witness(es) | Grade | School/Age |
|----------------------------------|-------|------------|
| a. | | |
| b. | | |
| c. | | |

4. What was your involvement in the incident?

I was directly involved in the incident
 I observed the incident
 I heard of the incident

5. Where did the incident occur? Choose all that apply.

| | |
|--|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Library |
| <input type="checkbox"/> Playground/Recess | <input type="checkbox"/> Hallway |
| <input type="checkbox"/> Field Trip | <input type="checkbox"/> En route to or from School |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Electronically (<i>Please specify</i>) |
| <input type="checkbox"/> School Bus | <input type="checkbox"/> Other (<i>Please specify</i>) |

6. Type of Incident. Choose all that apply.

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):

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7. Please explain in detail the events that transpired (*be as specific as possible*).

8. Has this happened before?

Yes

No

9. Was the student absent from school as a result of the incident?

Yes

No

Number of days student was absent _____

10. Is there any additional information that you would like to provide? *Attach additional sheets if necessary*

Signature of person completing this form _____

Date _____

| Name/Title of DASA Coordinator Receiving this Report Form | Date Received | Time Received |
|--|---------------|---------------|
| | | |