

ARLINGTON CENTRAL SCHOOL DISTRICT

DIGNITY FOR ALL STUDENTS ACT (DASA) INCIDENT REPORTING FORM¹

Instructions: Complete the form, make a copy and submit the original to the Principal's Office.

Name of person reporting incident: _____ Today's date: _____

Role of person reporting incident (*Check one*):

Student Target Student (witness) Parent/Guardian Staff Member Other _____

Phone: _____ Email: _____

Name of student subjected to harassment/bullying/discrimination (target): _____

Grade of target: _____ School of target: _____

Alleged offender(s) name:	Grade:	School:
_____	_____	_____
_____	_____	_____
_____	_____	_____

What was your involvement in the incident?

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

List any witnesses: _____

Were any adults in the area when this happened? If so, what did they do?

Where did the incident happen? (*Check all that apply*)

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Electronic Communication | <input type="checkbox"/> Parking Lot |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Gym | <input type="checkbox"/> Off School Grounds |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Library | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Locker Room | |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Office | |

When did the incident occur [include date(s) and time(s)]? _____

¹ 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.

Type of incident (check all that apply)

- Physical contact (kicking, punching, pushing, spitting, taking belongings, tripping)
- Verbal threats (being mean, gossip, making threats, name-calling, put-downs, teasing, taunting)
- Psychological (intimidation, non-verbal actions, social exclusion, spreading rumors)
- Abuse (actions or statements that put an individual in fear of bodily harm)
- Cyberbullying (misusing technology/social media to harass, post pictures (sexting), tease, threaten)
- Other (describe): _____

Describe the specific nature of the incident(s). What happened? (Be as specific as possible.) What did the alleged offender say or do? Include any copies of text messages, emails, etc., if possible. Use an additional page if necessary.

The behavior(s) are suspected of being based upon the following characteristics (actual or perceived) of the target (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Religion | <input type="checkbox"/> Weight/size |
| <input type="checkbox"/> Gender (including gender identity and expression) | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> None of the above |
| | | <input type="checkbox"/> Other _____ |

Was the student absent from school and/or class as a result of the incident?

- No Yes Number of days student was absent: _____

Has the behavior occurred in the past? If so, please describe.

What do you think should be done about the situation?

Signature of Person Filing Report: _____ Date: _____