

DCMO BOCES DASA INCIDENT REPORTING FORM

To be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident)

School: _____ **Dignity Act Coordinator:** _____

Position: _____ **Today's date:** _____

Name of person reporting incident: _____

Role of person reporting incident (Check one)

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

Phone: _____

Email: _____

Name of target: (student being bullied, harassed, or discriminated against)

Name(s) of alleged offender(s):

Date(s) and time(s) of incident(s):

What was your involvement in the incident?

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

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

On school property Classroom Hallway Bathroom Cafeteria Gym Locker Room At a school function On a school bus Off school property Electronic Communication Other (describe): _____

Type of incident (Check 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): _____

Who was involved in the incident?

Student Employee Both student and employee

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Describe the specific nature of the incident. 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.

(Add extra pages if needed)

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

Types of bias involved (if known): (Check all that apply)

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Weight/size |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Religious practice | <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Sex | |
| <input type="checkbox"/> Other (describe) | | |

Names of others who may have witnessed the incident:

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

- No Yes Number of days student was absent:

Does the situation continue to occur?

- Yes No

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.

CC Campus – Michael Waters, Principal

Phone: 607-335-1232

Email: watersm@dcmoboces.com

HC Campus – Randy Smith, Principal

Phone: 607-865-2558

Email: smithr@dcmoboces.com

