

SYOSSET CENTRAL SCHOOL DISTRICT

Dignity for All Students Act (DASA)

Responding to Incidents

Bullying, Harassment and Discrimination – For District/School Files Only

PART 1. DASA COMPLAINT FORM

A DASA Complaint Form must be posted on the District website and communicated to parents and students on an annual basis.

To be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident) and submitted to the Dignity Act Coordinator (DAC).

School District: _____

School: _____

Dignity Act Coordinator: _____

Today's Date: _____

Name and position of person reporting the incident: _____

Role of person reporting incident (Check one): Anonymous Report 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 and time of incident: _____

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)

<input type="checkbox"/> On school property	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> On a school bus	<input type="checkbox"/> Hallway	<input type="checkbox"/> Bathroom
<input type="checkbox"/> Classroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Off school property	<input type="checkbox"/> Locker Room	<input type="checkbox"/> At a school function
<input type="checkbox"/> Electronic Communication: _____		<input type="checkbox"/> Other (describe): _____		

Type of incident: (Check all that apply)

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

Who was involved in the incident? (Check all that apply) Student Employee Other: _____

Describe the specific nature of the incident. What happened? *(Be 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: _____			

Name(s) of others who may have witness the incident:

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

No Yes, Number of days student was absent: _____

Describe the impact this incident has had on the student (target):

Does the situation continue to occur? Yes No

What do you think should be done about the situation?

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.