

**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, tease, threaten, post pictures (sexting))

<input type="checkbox"/>	Other (describe):
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Who was involved in the incident? (Check all that apply)  Student  Employee  Other: \_\_\_\_\_

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)

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

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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):			

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

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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):

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Does the situation continue to occur?  Yes  No

What do you think should be done about the situation?

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**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.**