**Southern Cayuga Central School District**

**Dignity for All Students Act –DASA**

**Reporting Form**

Southern Cayuga recognizes and upholds the laws set forth by DASA and believe that we are all RESPONSIBLE for ensuring a SAFE environment for our staff and students; An environment that fosters KINDNESS and RESPECT for All, free of prejudice, bullying and harassment.

If you have been a target of, have witnessed, suspect or have been made aware of any situation that may constitute bullying or harassment please complete this form and turn it into Nate Van Hall - DASA Coordinator in the high school guidance office. Reports must be made both verbally and in writing. Please submit this form after verbally notifying the DASA Coordinator of your concern.

**Person Reporting Incident:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Verbal Report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Written Report:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for making Report:**

**\_\_\_**Personally witnessed bullying/harassment taking place.

\_\_\_Disclosed to by the target of bullying/harassment.

\_\_\_Overheard others talking about someone being bullied/harassed.

\_\_\_Have a suspicion that bullying/harassment is taking place.

**Role:**

**\_\_\_**Employee (Room #\_\_\_\_\_\_\_\_\_ Phone Extnesion\_\_\_\_\_\_\_\_\_)

\_\_\_Student

\_\_\_Parent (Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

\_\_\_Community Member (Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Students Involved:**

|  |  |
| --- | --- |
| Target(s): | Offender(s): |
|
| Witnesses: |
|

**Date and Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Check/Highlight all that apply)**

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| --- | --- | --- | --- |
| **Basis of Grievance:**  **(Check all that apply)** | **Where did the incident**  **Occur?** | **5 Factors - Checklist** | **Incident Type** |
| **\_\_Harassment**  \_\_ Race  \_\_Ethnic Group  \_\_National Origin  \_\_Color  \_\_Religion  \_\_Religious Practice  \_\_Disability  \_\_Gender  \_\_Sexual Orientation  \_\_Weight  \_\_**Bullying**  \_\_Physical Aggression  \_\_Social Humiliation  \_\_Cyber Attacks  \_\_Isolation  \_\_Verbal Assaults  \_\_Threats  \_\_Intimidation  \*Check all that apply | \_\_School  \_\_School Bus  \_\_Text/Phone/Internet  \_\_School Event  \_\_School Grounds  \_\_Gym  \_\_Hallways  \_\_Classroom  \_\_Cafeteria  \_\_Other \_\_\_\_\_\_\_\_\_\_\_\_  When: (MM/DD/YY)  \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_  Time: (AM/PM)  Location of nearest camera:  \*Check all that apply | \_\_Did harm occur through an intentional act?  \_\_Was act committed based on discrimination, intolerance, bias, or imbalance of power?  \_\_Is the act pervasive or persistent?  \_\_Does act substantially interfere with the student’s academic, emotional, social, and/or physical wellbeing?  \_\_Is the act a cause of fear of significant stress?  \*Check all that apply | \_\_ Incident occurring on school  property  \_\_ Incident occurring at school event on/off school grounds  \_\_ Incident involving intimidation or abuse but no physical contact or verbal threat  \_\_Incident involving verbal threat but no physical contact  \_\_Incident involving physical contact but no verbal threat  \_\_Incident involving both verbal threat and physical contact  \_\_ Incident involving only student offenders  \_\_Incident involving student and employee offenders  \_\_Incident involving only employee offenders  \*Check all that apply |

**Describe Incident/Concern:**

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Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Reporter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_