**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: |
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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_