

**Southern Cayuga Central School
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 Tanya Thompson- DASA Coordinator in the high school guidance office.

Person Reporting Incident:

| | |
|--|--------------------|
| Name: | Date: |
| Role: Employee/ Student/ Parent/ Community member (please circle one) | Phone: Address: |
| <input type="checkbox"/> witnessed <input type="checkbox"/> was disclosed to <input type="checkbox"/> overheard <input type="checkbox"/> suspect | |

Students Involved:

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

Date and Time of Incident: _____

| Basis of Grievance: (Check all that apply) | Where did the incident Occur? | What happened during the incident? | Incident Type |
|---|--|---|---|
| <input type="checkbox"/> Race <input type="checkbox"/> Ethnic Group <input type="checkbox"/> National Origin <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Religious Practice <input type="checkbox"/> Disability <input type="checkbox"/> Gender <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Weight <input type="checkbox"/> Other-define below | <input type="checkbox"/> School <input type="checkbox"/> School Bus <input type="checkbox"/> Text/Phone/Internet <input type="checkbox"/> School Event <input type="checkbox"/> School Grounds <input type="checkbox"/> Gym <input type="checkbox"/> Hallways <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other _____ When: | <input type="checkbox"/> Taunting/Teasing <input type="checkbox"/> Threatening <input type="checkbox"/> Intimidating <input type="checkbox"/> Stalking <input type="checkbox"/> Verbal Harassment <input type="checkbox"/> Physical Contact <input type="checkbox"/> Retaliation <input type="checkbox"/> Humiliation <input type="checkbox"/> Exclusion <input type="checkbox"/> Cyber-bullying <input type="checkbox"/> Other _____ | <input type="checkbox"/> Incident occurring on school property <input type="checkbox"/> Incident occurring at school event on/off school grounds <input type="checkbox"/> Incident involving intimidation or abuse but no physical contact or verbal threat <input type="checkbox"/> Incident involving verbal threat but no physical contact <input type="checkbox"/> Incident involving physical contact but no verbal threat <input type="checkbox"/> Incident involving both verbal threat and physical contact <input type="checkbox"/> Incident involving only student offenders <input type="checkbox"/> Incident involving student and employee offenders <input type="checkbox"/> Incident involving only employee offenders |

Describe Incident/Concern:

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Signature of Reporter: _____ Date: _____

DASA COORDINATOR INVESTIGATION: Date: _____

- ___ Target statement(s) attached
- ___ Alleged Offender statement(s) attached
- ___ Witness statement (s) attached

NOTES:

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___ Does this incident violate code of conduct?
 ___ DASA Unfounded ___ DASA Founded _____ (violation)

Actions Taken:

- ___ Notified Parent/Guardian: Phone _____ Letter _____ copy (provide dates)
- ___ Warning- DASA, Principal, Assistant Principal (circle)
- ___ Discipline Referral _____ (disciplinary measure)
- ___ Mediation
- ___ Detention- Lunch / After School
- ___ Counseling
- ___ Suspension- ISS/ OSS/ # of days _____
- ___ Behavior Intervention Plan

School Official: _____ Date: _____