



## Dignity for All Students (DASA) - Reporting Form

The Guilderland Central School District is committed to providing a safe, supportive environment free from harassment, bullying and discrimination for all students. The District encourages the involvement of staff, student, parent and community members in the implementation and reinforcement of the Dignity for All Students Act.

Please use this form to report alleged harassment, discrimination, hazing or bullying that occurred on school property, at a school sponsored activity or event, or off of school property, on a school bus, or on the way to and/or from school. Any staff member observing bullying, hazing, harassment, hazing, or perceived bullying must report the observation. Any student, parent/guardian, or community member may also report an incident. Please contact the school for additional information or assistance.

*Please complete and return this form to the Principal, Assistant Principal, or DASA Coordinator at the student's school.*

<b>School:</b>	<b>Today's Date:</b>
<b>DASA Coordinator:</b>	<b>Position:</b>

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<b>Your Name:</b>	
<b>Your Phone:</b>	<b>Your email:</b>

<b>Role of Person Reporting Incident: (Check One)</b>				
<input type="checkbox"/> Student Target	<input type="checkbox"/> Student (Witness)	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Staff Member	<input type="checkbox"/> Other

<b>Date(s) of Incident(s):</b>		<b>Time(s) of Incident(s)</b>	
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<b>1. Name of Targeted Student:</b>	
<b>School:</b>	<b>Grade/Age:</b>

2. Names of Alleged Offender(s)	Grade	School/Age
a.		
b.		
c.		

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3. Names of Possible Witness(es)	Grade	School/Age
a.		
b.		
c.		

**4. What was your involvement in the incident?**

I was directly involved in the incident    
 I observed the incident    
 I heard of the incident

**5. Where did the incident occur? Choose all that apply.**

Classroom	Library
Playground/Recess	Hallway
Field Trip	On route to or from school
Cafeteria	Electronically ( <i>Please specify</i> )
School Bus	Other ( <i>Please Specify</i> )

**6. Please check all statements that best describe what happened.**

Hitting, kicking, shoving, spitting, hair pulling, or other physical harm
Getting another person to inflict physical harm
Teasing/verbal harm: name-calling, making critical/hurtful comments, threats (in person or by other means)
Demeaning remarks or student being made the target of offensive jokes
Rude, offensive, or threatening gestures
Excluding or rejecting the students, or asking another student(s) to turn against the target
Intimidation (bullying), extortion, exploitation
Spreading hurtful rumors/gossip
Cyberbullying
Other ( <i>please specify</i> )

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**7. Please explain in detail the events that transpired.**

**8. Has this happened before?**       Yes       No

**9. Did a physical injury result from this incident?**

No		Evaluation by school nurse was completed
Yes (no medical attention needed)		Other medical intervention pursued ( <i>please specify</i> )
Yes (medical attention needed)		

**10. Is there any additional information that you would like to provide?** *Attach additional sheets if necessary*

**Signature of person completing this form:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Name/Title of DASA Coordinator Receiving this Report Form	Date Received	Time Received