



## 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> |

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

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

|  |
|--|
| <b>4. What was your involvement in the incident?</b>   |
| <input type="checkbox"/> I was directly involved in the incident <input type="checkbox"/> I observed the incident <input type="checkbox"/> I heard of the incident |

| <b>5. Where did the incident occur? Choose all that apply.</b> |                   |                          |  |
|--|-------------------|--------------------------|--|
| <input type="checkbox"/>                                       | Classroom         | <input type="checkbox"/> | Library                                  |
| <input type="checkbox"/>                                       | Playground/Recess | <input type="checkbox"/> | Hallway                                  |
| <input type="checkbox"/>                                       | Field Trip        | <input type="checkbox"/> | On route to or from school               |
| <input type="checkbox"/>                                       | Cafeteria         | <input type="checkbox"/> | Electronically ( <i>Please specify</i> ) |
| <input type="checkbox"/>                                       | School Bus        | <input type="checkbox"/> | Other ( <i>Please Specify</i> )          |

| <b>6. Please check all statements that best describe what happened.</b> |  |
|---|--|
| <input type="checkbox"/>  | Hitting, kicking, shoving, spitting, hair pulling, or other physical harm                                  |
| <input type="checkbox"/>  | Getting another person to inflict physical harm  |
| <input type="checkbox"/>  | Teasing/verbal harm: name-calling, making critical/hurtful comments, threats (in person or by other means) |
| <input type="checkbox"/>  | Demeaning remarks or student being made the target of offensive jokes                                      |
| <input type="checkbox"/>  | Rude, offensive, or threatening gestures   |
| <input type="checkbox"/>  | Excluding or rejecting the students, or asking another student(s) to turn against the target               |
| <input type="checkbox"/>  | Intimidation (bullying), extortion, exploitation   |
| <input type="checkbox"/>  | Spreading hurtful rumors/gossip  |
| <input type="checkbox"/>  | Cyberbullying  |
| <input type="checkbox"/>  | 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:**\_\_\_\_\_

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| Name/Title of DASA Coordinator<br>Receiving this Report Form | Date Received | Time Received |
|--|---------------|---------------|
|  |               |               |