

Regulation

GENERAL COMMITMENTS

0010.2

DASA INCIDENT REPORTING FORM

I. To be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident)

School: _____ Dignity Act Coordinator: _____

Position: _____ Today's date: _____

Name of person reporting incident: _____

Role of person reporting incident (Check one)

☐ Student Target ☐ Student (witness) ☐ Parent/Guardian ☐ Staff Member ☐ Other _____

Phone: _____ Email: _____

Name of target: (student being bullied, harassed, or discriminated against)

Name(s) of alleged offender(s):

Date(s) and time(s) of incident(s):

What was your involvement in the incident?

☐ I was directly involved in the incident ☐ I observed the incident ☐ I heard about the incident

Where did the incident happen? (Check all that apply)

☐ On school property ☐ Classroom ☐ Hallway ☐ Bathroom ☐ Cafeteria ☐ Gym ☐ Locker Room ☐ At a school function ☐ On a school bus ☐ Off school property ☐ Electronic Communication ☐ Other (describe): _____

Type of incident (Check all that apply)

- ☐ Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
- ☐ Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
- ☐ Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
- ☐ Abuse (actions or statements that put an individual in fear of bodily harm)
- ☐ Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures (sexting))
- ☐ Other (describe): _____

Who was involved in the incident?

☐ Student ☐ Employee ☐ Both student and employee

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Describe the specific nature of the incident. What happened? (Be as specific as possible). What did the alleged offender say or do? Include any copies of text messages, emails, etc. if possible.

(Add extra pages if needed)

If there were any adults in the area when this happened, what did they do?

Types of bias involved (if known): (Check all that apply)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Weight/size |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Religious practice | <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Sex | |
| <input type="checkbox"/> Other (describe)_____ | | |

Names of others who may have witnessed the incident:

Was the student absent from school as a result of the incident?

- ☐ No ☐ Yes Number of days student was absent:_____

Does the situation continue to occur?

- ☐ Yes ☐ No

What do you think should be done about the situation?

You can contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whoever you are most comfortable with) for information or assistance at any time.

Utica City School District

Adopted: 02/26/19