NEW PALTZ CENTRAL SCHOOL DISTRICT DIGNITY FOR ALL STUDENTS ACT (DASA) INCIDENT REPORTING FORM

Instructions: Complete the form, make a copy and submit the original to the DASA Coordinator

Name of person reporting incident	dent:		
Today's date:			
Role of person reporting inc	ident (Circle): Student /	Parent/0	Guardian / Staff Member
Other	Phone:	_Email:	· · · · · · · · · · · · · · · · · · ·
Name of student subjected t	o harassment/bullying/di	scriminat	ion:
Name:	Grade	e: Sc	hool:
Alleged person(s) name:	(Grade:	School:
What was your involvement in	the incident? (Include a lis	t of any wi	tnesses)
Were any adults in the area w	hen this happened? If so, v	vho are the	ey and what did they do?
Where did the incident happer	n? (Check all that apply)		
☐ Auditorium	☐ Classroom		☐ Locker Room
☐ Electronic Communication	☐ Bathroom		☐ Office
☐ Parking Lot	☐ Gym		☐ Other
☐ Off School Grounds	☐ Bus		
☐ Library	☐ Cafeteria		
When did the incident occur [in	nclude date(s) and time(s)]	?	
Type of incident (check all that	apply):		

_	, punching, pushing, spitting, tak an, gossip, making threats, nam			
_	on non-verbal actions social ex	clusion spreading rumors)		
 Psychological (intimidation, non-verbal actions, social exclusion, spreading rumors) Abuse (actions or statements that put an individual in fear of bodily harm) Cyberbullying 				
(misusing technology/social media to harass, post pictures (sexting), tease, threaten)				
☐ Other (describe):	olai media to marass, post pictare	co (sexting), tease, timeatern		
U Other (describe).				
Describe the specific nature of the What did the alleged offender sapossible. Use an additional page	ay or do? Include any copies of t			
The behavior(s) are suspected of perceived) of the target (check a	•	`		
☐ Color	☐ National Origin	☐ Sex		
Disability	Race	☐ Sexual Orientation		
☐ Ethnic Group	Religion	☐ Weight/size		
Gender (including gender identity and expression)	☐ Religious Practice	Other: None of the above		
Was the student absent from scl Number of days student was ab		he incident? (circle) No Yes		
Has the behavior occurred in th	e past? If so, please describe.			
What do you think should be dor	ne about the situation?			
Signature of Person Filing Repo	rt·	Date [.]		

Retaliation or threats of retaliation against any person involved in an investigation or harassment, bullying or discrimination will not be tolerated. If you believe that you have been subjected to such action as a result of your cooperation, please contact the building Dignity Act Coordinator or the building principal.