

Dignity For All Students (DASA) Reporting Form
Hadley-Luzerne Central School District, Lake Luzerne, NY

Bullying, harassment, intimidation or discrimination are serious and will not be tolerated. This is a form to report alleged bullying, harassment, intimidation or discrimination that occurred on **school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school**, in the 2016-2017 school year. If you are a student victim, the parent/guardian of a student victim, a close adult relative of a student victim, or a school staff member and wish to report an incident of alleged bullying, harassment or intimidation, complete this form and return it to the DASA Coordinator or Principal at the student victim's school. Contact the school for additional information or assistance at any time. Bullying, harassment, intimidation or discrimination means intentional conduct, including verbal, physical, or written conduct or an intentional electronic communication that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities, or performance, or with a student's physical or psychological well-being and is:

- Motivated by an actual or a perceived personal characteristic including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attributes,, socioeconomic status, familial status, or physical or mental ability or disability; or,
- Threatening or seriously intimidating; and,
- Occurs on school property, at a school activity or event, or on a school bus; or,
- Substantially disrupts the orderly operation of a school.

"Electronic communication" means a communication transmitted by means of an electronic device, including a telephone, cellular phone, computer (i.e. Facebook or any other social networking sites).

Today's Date: _____ **School:** _____

Person Reporting Incident: Name _____

Telephone: _____ **Email:** _____

Check the appropriate box: ___ Student ___ Student (witness/bystander) ___ Parent/Guardian
 ___ Close adult relative ___ School Staff Member

1. **Name of student victim** _____

2.

Name(s) of alleged offender(s) (if known) (Please print)	Age	School	Is he/she a student?

3. On what date(s) did the incident happen? _____

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

- On school property On a school bus At a school-sponsored activity/event off property
 On the way to/from school

5. Check the statement(s) that best describes what happened (choose all that apply):

- Any bullying, harassment, or intimidation that involves physical aggression.
 Getting another person to hit or harm the student.
 Teasing, name-calling, making critical remarks, or threatening, in person or by other means.
 Excluding or rejecting the student. Making rude and/or threatening gestures.
 Spreading harmful rumors or gossip. Intimidating (bullying), extorting or exploiting.
 Electronic communications (specify) _____
 Other (specify) _____

6. What did the alleged offender(s) say or do? (Attach a separate sheet if necessary)

7. What did the bullying, harassment or intimidation occur? (Check all that apply):

- Verbal Bullying Physical Bullying Social/Relational Bullying
 Cyber Bullying Hazing Harassment
 Sexual Harassment Other

8. Did Physical Injury result from this incident? (Indicate one of the following):

- No Yes, but it did not require medical attention. Yes, required medical attention

9. If there was a physical injury, do you think there will be permanent effects? Yes No

10. Was the student victim absent from school as a result of the incident? Yes No *If yes, how many days was the student victim absent from school as a result of the incident?* ____

11. Did a psychological injury result from this incident? (Indicate one of the following):

No Yes, but services have not been sought Yes, services have been sought

12. The reported alleged incident involving the following: (Check all that apply):

Race Ethnic Group Sexual Orientation Color Religion Gender

Weight Religious Practice Sex National Origin Disability None

13. Is there any additional information you would like to provide?

Signature of reporter

Date

Signature of Principal

Date

Signature of DASA coordinator

Date

Appropriate action taken

Further action needed

District Response to DASA report

Hadley-Luzerne Central School District, Lake Luzerne, NY

Decision of principal and action taken

Decision of DASA coordinator

Action (if any) taken by superintendent

Other comments

Signature of Principal

Date

Signature of DASA coordinator

Date