



# LIVERPOOL

## CENTRAL SCHOOL DISTRICT

*Preparing our Students for Tomorrow...Today*

**Dignity for All Students Act (DASA)**

**Responding to Incidents**

**Bullying, Harassment and Discrimination - For District/School Files Only**

This form is to be completed by the person reporting the incident (or the person receiving the complaint and/or investigating the incident) and submitted to the Dignity Act Coordinator (DAC).

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

School District: \_\_\_\_\_

School: \_\_\_\_\_

Dignity Act Coordinator: \_\_\_\_\_

Name and position of person reporting the incident: \_\_\_\_\_

Role of person reporting incident (Check one):

☐ Anonymous report

☐ 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 and time of incident: \_\_\_\_\_

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)*

<input type="checkbox"/> On school property	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> On a school bus	<input type="checkbox"/> Hallway	<input type="checkbox"/> Bathroom
<input type="checkbox"/> Classroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Off school property	<input type="checkbox"/> Locker Room	<input type="checkbox"/> At a school function
<input type="checkbox"/> Electronic Communication:		<input type="checkbox"/> Other (describe):		

**Type of incident** *(Check all that apply)*

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

**Who was involved in the incident?** *(Check all that apply)*    ☐ Student    ☐ Employee

☐ Other: \_\_\_\_\_

**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)*

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

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**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):			

**Name(s) of others who may have witnessed the incident:**

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

☐ No   ☐ Yes, Number of days student was absent: \_\_\_\_\_

**Describe the impact this incident has had on the student (target):**

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**Does the situation continue to occur?**   ☐ Yes                      ☐ No

**What do you think should be done about the situation?**

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***You can contact the School Administrator in your building, Dignity Act Coordinator, counselor, or staff a member at school. (whoever you are most comfortable with) for information or assistance at any time.***

***Feel free to write additional notes here :***