ARLINGTON 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 Principal's Office.

Name of person reporting incident: _______________________________  Today's date: __________

Role of person reporting incident (Check one):

☐ Student Target  ☐ Student (witness)  ☐ Parent/Guardian  ☐ Staff Member  ☐ Other__________

Phone: _____________________________       Email: ______________________________

Name of student subjected to harassment/bullying/discrimination (target): _______________________

Grade of target: ___________________  School of target: ___________________

Alleged offender(s) name:  Grade:   School:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What was your involvement in the incident?

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

List any witnesses:  _____________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Were any adults in the area when this happened? If so, what did they do?

_____________________________________________________________________________________
_____________________________________________________________________________________

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

☐ Auditorium  ☐ Electronic Communication  ☐ Parking Lot
☐ Bathroom  ☐ Gym  ☐ Off School Grounds
☐ Bus  ☐ Library  ☐ Other____________________
☐ Cafeteria  ☐ Locker Room
☐ Classroom  ☐ Office

When did the incident occur [include date(s) and time(s)]? ________________________________

1 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.

Revised 10/24/17
Type of incident  *(check all that apply)*

- Physical contact (kicking, punching, pushing, spitting, taking belongings, tripping)
- Verbal threats (being mean, gossip, making threats, name-calling, put-downs, teasing, taunting)
- 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): ___________________________________________________________________

Describe the specific nature of the incident(s). 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. Use an additional page if necessary.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

The behavior(s) are suspected of being based upon the following characteristics (actual or perceived) of the target (check all that apply):

- Color
- Disability
- Ethnic Group
- Gender (including gender identity and expression)
- National Origin
- Race
- Religious Practice
- Sex
- Sexual Orientation
- Religion
- Weight/size
- Religious Practice
- None of the above
- Other ____________________________

Was the student absent from school and/or class as a result of the incident?

- No  
- Yes  

Number of days student was absent: __________

Has the behavior occurred in the past? If so, please describe.
_____________________________________________________________________________________
_____________________________________________________________________________________

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

Signature of Person Filing Report: ____________________________ Date: __________