Dignity for All Students Act (DASA) Discrimination, Harassment and/or Bullying Report Form

(Return this form to the designated DASA Act Coordinator listed below)

Duanesburg Elementary: Laurel Hallbe (518) 895-8310 ext. 268)	erg Duanesburg Jr/Sr High: Dana Kamer (518) 895-8300 ext 232)	
Today's date:		
Name and position of person reporting the incident:		
Role of person reporting incident (Chec Student Target Student (witness)	k one): □ Parent/Guardian □ Staff Member □ Other	
Phone: Email:		
Name of target: (student being bullied, I	narassed, or discriminated against)	
Name(s) of alleged offender(s):		
Date and time of incident:		
What was your involvement in the incide □ I was directly involved in the incident	ent? □ I observed the incident □ I heard about the incident	
Where did the incident happen: (choose On School Property On a S Bathroom Classre Off School Property At Sch Other (describe)	chool BusCafeteriaHallway comLocker RoomGym col FunctionElectronic communication	
 Verbal Threats (gossip, name calling Psychological (non-verbal actions, s Abuse (actions or statements that pu Cyberbullying (misusing technology/ Other (describe): 	spitting, tripping, pushing, taking belongings) g, put downs, teasing, taunting, making threats) preading rumors, social exclusion, intimidation) ut an individual in fear of bodily harm) social media to harass, tease, threaten, post pictures)	
Who was involved in the incident: S	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.
and additional pages if necessary)
Were there any adults in the area when this happened, what did they do?
Types of Bias involved:
Race Color Weight/Size National Origin Gender Religion Sex Disability Religious Practice Sexual Orientation
Ethnic Group Other:
Name 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 absent?
Describe the impact this incident has had on the student (target)
Does the situation continue to occur? Yes No
Is there additional information you would like to provide?

Please provide any supporting documentation/evidence (i.e. copshots, etc.) and return this form to the designated building Digni	• • • • • • • • • • • • • • • • • • • •
I certify that all statements of this form are accurate and true to	the best of my knowledge.
Signature of complainant Date DAC Received	Date

Note on confidentiality: In order to investigate the complaint, the district will disclose the content of the complaint only to those personas who have a need to know. This form will not be shown to the accused students/staff.