

**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 Hallberg**  
(518) 895-8310 ext. 268

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 (Check one):

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: (choose all that apply)

On School Property    On a School Bus    Cafeteria    Hallway  
 Bathroom    Classroom    Locker Room    Gym  
 Off School Property    At School Function    Electronic communication  
 Other (describe) \_\_\_\_\_

Type of Incident:

Physical Contact (kicking, punching, spitting, tripping, pushing, taking belongings)  
 Verbal Threats (gossip, name calling, put downs, teasing, taunting, making threats)  
 Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)  
 Abuse (actions or statements that put an individual in fear of bodily harm)  
 Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures)  
 Other (describe): \_\_\_\_\_

Who was involved in the incident:    Student    Employee    Other: \_\_\_\_\_



*Please provide any supporting documentation/evidence (i.e. copies of emails, notes, photos, screen shots, etc.) and return this form to the designated building Dignity Act Coordinator listed.*

*I certify that all statements of this form are accurate and true to the best of my knowledge.*

*Signature of complainant* \_\_\_\_\_ *Date* \_\_\_\_\_

*Date DAC Received* \_\_\_\_\_

**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.**