Brightway | Living & Learning – School Age Program
Dignity for All Students Act (DASA) Incident Reporting Form
Bullying, Harassment and Discrimination - *For Agency/School Files Only*

PART 1. DASA COMPLAINT FORM

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).

You can contact a school administrator, Dignity Act Coordinator, or other staff member (whoever you are most comfortable with) for information or assistance at any time.

Agency: Brightway | Living & Learning **Division / Program:** School Age Program

Dignity Act Coordinator: _____ **Today's date: _____**

Name and title 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)*

☐ On school property	☐ Hallway	☐ On a school bus	☐ Bathroom
☐ Classroom	☐ Gym	☐ Off school property	☐ At a school function
☐ Electronic Communication:		☐ Other (describe):	

Type of incident *(Check all that apply)*

☐	Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
☐	Verbal threats (gossip, name-calling, put-downs, teasing, being mean, 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 (sexting))
☐	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)*

_____

_____

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

Types of bias involved (if known): *(Check all that apply)*

☐ Race	☐ Color	☐ Weight/Size	☐ National origin	☐ Ethnic group
☐ Religion	☐ Religious practice	☐ Disability	☐ Sexual Orientation	☐ Gender
☐ Sex	☐ Other (describe):			

Name(s) 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 student was absent: _____

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

_____

_____

Does the situation continue to occur? ☐ Yes ☐ No

What do you think should be done about the situation?

_____

_____

You can contact a school administrator, Dignity Act Coordinator, or other staff member (whoever you are most comfortable with) for information or assistance at any time.

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

Signature: _____ Date: _____

Please attach any supporting documentation (e.g. copies of emails, notes, photos, etc.). Return this form to a school administrator or the Dignity Act Coordinator (the names and contact information of the Dignity Act Coordinators is located on the agency website, parent handbook and SAP staff handbook).