



# DIGNITY FOR ALL STUDENTS ACT: REPORT FORM

REPORT # \_\_\_\_\_



New York State's Dignity for All Students Act (The Dignity Act) seeks to provide the State's public elementary and secondary school students with a safe and supportive environment free from discrimination, intimidation, taunting, harassment, and bullying on school property, a school bus and/or at a school function.

Any PACS staff member who has been made aware of a DASA incident must report the incident to a DASA coordinator, and complete this form.

***This section to be completed by the Complainant (person submitting this report)***

***Please fill out this form with as much information as possible and hand into the Dignity Act Coordinator, A Counselor or the Main Office***

<p><b>1</b> Date the report is being filled out:</p>	
<p><b>2</b> Name of person filing the report:</p>	
<p><b>3</b> Identification of person filling out this form:</p> <p>• <i>Check all that apply</i></p>	<p><input type="checkbox"/> I am the alleged victim  <input type="checkbox"/> I am the parent or in parental relation to the alleged victim  <input type="checkbox"/> I am a student  <input type="checkbox"/> I am a staff member reporting an incident  <input type="checkbox"/> I witnessed a problem  <input type="checkbox"/> I was told about a problem</p>
<p><b>4</b> The Best Way(s) to Reach Me:</p> <p>• <i>Fill Out All That Apply</i></p>	<p>Phone number: _____          Email: _____          Come find me here: _____</p>
<p><b>5</b> Identify the Alleged Victim</p>	<p>Student's Name: _____          Student's Grade: _____</p>
<p><b>6</b> Identify the Alleged Offender (s)</p> <p><i>List the name of student(s) or adult(s) who are being accused</i></p>	<p>1. Name _____ <input type="checkbox"/> student or <input type="checkbox"/> adult          2. Name _____ <input type="checkbox"/> student or <input type="checkbox"/> adult  <input type="checkbox"/> The offender is not known</p>
<p><b>7</b> I would best describe the incident(s) as related to the students:</p> <p>• <i>Check all that apply</i></p>	<p><input type="checkbox"/> Weight (over or under) <input type="checkbox"/> Height <input type="checkbox"/> Physical Feature <input type="checkbox"/> Clothing  <input type="checkbox"/> Disability <input type="checkbox"/> Illness/Allergy <input type="checkbox"/> Positive Academic Achievement  <input type="checkbox"/> Participation in an activity (music, theater, art, etc.)  <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Gender identity <input type="checkbox"/> Poverty <input type="checkbox"/> Religion  <input type="checkbox"/> Cultural Beliefs <input type="checkbox"/> Race <input type="checkbox"/> Other characteristics:</p>
<p><b>8</b> The incident(s) have occurred in the following location(s):</p> <p>• <i>Check all that apply</i></p>	<p><input type="checkbox"/> classroom <input type="checkbox"/> hallway/locker <input type="checkbox"/> cafeteria <input type="checkbox"/> playground  <input type="checkbox"/> school bus <input type="checkbox"/> gymnasium/locker room <input type="checkbox"/> library  <input type="checkbox"/> at an off-campus school event <input type="checkbox"/> internet/social media  <input type="checkbox"/> athletic field <input type="checkbox"/> school entrance/exit <input type="checkbox"/> band room  <input type="checkbox"/> computer lab <input type="checkbox"/> off school property <input type="checkbox"/> parking lot <input type="checkbox"/> other _____</p>





**DIGNITY FOR ALL STUDENTS ACT:**  
**R E P O R T F O R M**

REPORT # \_\_\_\_\_



**9** The incident(s) has/have involved the following:

• Check all that apply

- Physical (direct)**—hitting; punching; tripping; kicking; pushing; scratching; ganging up; extortion; damaging property
- Social/Relational (direct or indirect)**—excluding or threatening to exclude; spreading rumors/gossiping; ostracizing; alienating; using threatening looks/glances
- Verbal (direct)**—name calling; teasing; intimidating; threatening; taunting; making offensive or discriminatory remarks (rude and or lewd)
- Cyberbullying**—sending insulting messages or threats by email, text messaging, on social media, chat rooms, etc.

**10** Please describe the Incident

- Describe what was said and/or done and by whom
- Attach any evidence and an additional sheet for description of the incident if applicable:

Is this the first time this has happened?  yes  no  unsure

Date(s) and time(s) of the incident(s) \_\_\_\_\_

**11** Other Witnesses: Please identify any other people who may have witnessed the incident(s) (Attach additional sheet if necessary)

1. \_\_\_\_\_  student  adult

2. \_\_\_\_\_  student  adult

3. \_\_\_\_\_  student  adult

**12** Have you reported this situation to anyone else before filing this complaint?

No

Yes, I reported this to \_\_\_\_\_ on \_\_\_\_\_  
Name Date

**13** Was medical treatment needed by anyone involved in this situation

I don't know  No

Yes, here is what I know