



LYNCOURT UNION FREE SCHOOL DISTRICT

DASA Incident Reporting Form

Lyncourt Union Free School District is committed to providing a safe, supportive environment free from harassment, bullying and discrimination for all students. The District encourages the involvement of staff, students, parents and community members in the implementation and reinforcement of the Dignity for All Students Act (“DASA”).

If you believe you, or someone else, has been the target of harassment, bullying, cyber-bullying, and/or discrimination, please use this form to report all allegations.

School/district personnel witnessing an incident or receiving a report of an incident must complete and submit this written report within two (2) school days. *NOTE: School/district personnel must also orally notify the Dignity Act Coordinator no later than one school day after witnessing or receiving a report of an incident.*

All complaints will be treated in a confidential manner. Anonymous reports may limit the district’s ability to respond to the complaint. A prompt and thorough investigation will be conducted for all incident reports.

Please complete this form and return it to a school administrator or Dignity Act Coordinator.

I. To be completed by person reporting the incident (or the person receiving the complaint)

Today’s date: _____ Name of person reporting incident: _____

Role of person reporting incident (Check one)

Student Target Another Student Parent/Guardian Staff Member Other _____

Phone: _____ Email: _____

Name(s) of target(s): (student(s) being bullied, harassed, or discriminated against)

_____ Grade: _____

_____ Grade: _____

Name(s) of alleged Name (s) of alleged offender(s) (students or staff)

_____ Grade: _____

_____ Grade: _____

Date(s) and time(s) of incident(s) _____

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)*

- | | | |
|--|---|--|
| <input type="checkbox"/> On school property | <input type="checkbox"/> Classroom | <input type="checkbox"/> Hallway |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gym |
| <input type="checkbox"/> Locker Room | <input type="checkbox"/> At a school function | <input type="checkbox"/> On a school bus |
| <input type="checkbox"/> Off school property | <input type="checkbox"/> Electronic Communication | <input type="checkbox"/> Other (describe): _____ |

Describe the incident. What happened? *(Be as specific and detailed as possible.)* **What did the alleged offender(s) 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? _____

How did the student (target) react to what occurred? _____

Names 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: _____

Does the situation continue to occur? Yes No Unknown

What do you think should be done about the situation?

What does the student think would make him/her feel safer in school settings?

Has the student reported a similar situation to anyone before? Yes No Unknown

If Yes, to whom? _____ When? _____

I agree that all of the information on this form is accurate and true, to the best of my knowledge.

Printed Name

Signature

Date

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