

Margaretville Central School District

Dignity for All Students (DASA) Reporting Form

Directions for submitting this form:

- 1. Fill in all known information accurately*
- 2. Save a copy for your records*
- 3. Submit to Carolyn Cassels*

Part 1

<i>What was the TIME and DATE that this alleged incident happened/was reported to you?</i>		<i>Who is completing this report? (Include contact information)</i>	
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<i>Who reported the alleged incident (if other than self)?</i>		<i>What is that contact person's information?</i>	
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<u>DETAILED DESCRIPTION OF REPORTED ALLEGED INCIDENT</u>
INCLUDE: SPECIFIC INFORMATION, ALL NAMES INVOLVED INCLUDING WITNESSES, DATES, TIMES, AND LOCATIONS.(Use additional paper if needed)

ACTION TAKEN

INDICATE ONE AND GIVE EXPLANATION INCLUDING DATE AND TIME

<i>Resolved (include DATE and TIME)</i>		<i>Referred (include DATE and TIME)</i>	
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<i>Explanation</i>	
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THIS INCIDENT IS: (CHECK ALL THAT APPLY)

<input type="checkbox"/>	<i>Verbal Bullying</i>	<input type="checkbox"/>	<i>Physical Bullying</i>	<input type="checkbox"/>	<i>Social/Relational Bullying</i>
<input type="checkbox"/>	<i>Cyber Bullying</i>	<input type="checkbox"/>	<i>Hazing</i>	<input type="checkbox"/>	<i>Harassment</i>
<input type="checkbox"/>	<i>Sexual Harassment</i>	<input type="checkbox"/>	<i>Other: _____</i>		

THE REPORTED ALLEGED INCIDENT INVOLVED THE FOLLOWING: (CHECK ALL THAT APPLY)

<input type="checkbox"/>	<i>Race</i>	<input type="checkbox"/>	<i>Ethnic group</i>	<input type="checkbox"/>	<i>Sexual orientation</i>
<input type="checkbox"/>	<i>Color</i>	<input type="checkbox"/>	<i>Religion</i>	<input type="checkbox"/>	<i>Gender</i>
<input type="checkbox"/>	<i>Weight</i>	<input type="checkbox"/>	<i>Religious practice</i>	<input type="checkbox"/>	<i>Sex</i>
<input type="checkbox"/>	<i>National origin</i>	<input type="checkbox"/>	<i>Disability</i>	<input type="checkbox"/>	<i>None</i>