

SAMPLE Dignity for All Students Act (DASA)  
*Responding to Incidents*  
 Bullying, Harassment and Discrimination -- For District/School Files Only

**SAMPLE DASA INCIDENT REPORTING AND INVESTIGATION COMPLETION**  
**INCIDENT REPORTING AND INVESTIGATION COMPLETION CHECKLIST**

**The following section is for documenting completion of the school's incident investigation process. This should be completed by the school leader and/or designee (i.e. Dignity Act Coordinator) upon completion of the incident investigation and reporting process.**

*Use this page as a summary/cover page.*

Date of Incident:	
Form completed by:	
Were the following forms completed?	Comments
<input type="checkbox"/> Part 1. DASA Complaint Form	
<input type="checkbox"/> Part 2. Protocol for DASA Incident Investigation	
<input type="checkbox"/> Part 3. DASA Incident Verification and Parent Notification	
<input type="checkbox"/> Part 4. Targeted Student Action Plan Template	
<input type="checkbox"/> Part 5. Strategies for Working with Students Who Bully	
<input type="checkbox"/> Part 6. Individual Incident Report (IIR) Form	

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**PART 1. SAMPLE DASA COMPLAINT FORM**

*A DASA complaint form must be posted on the District website and communicated to parents and students on an annual basis.*

To be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident) and submitted to the Dignity Act Coordinator (DAC).

**School District:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Dignity Act Coordinator:** \_\_\_\_\_ **Today's date:** \_\_\_\_\_

**Name and position 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)**

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

**Type of incident (Check all that apply)**

<input type="checkbox"/>	Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
<input type="checkbox"/>	Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
<input type="checkbox"/>	Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
<input type="checkbox"/>	Abuse (actions or statements that put an individual in fear of bodily harm)
<input type="checkbox"/>	Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures (sexting))
<input type="checkbox"/>	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)

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

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

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Weight/Size	<input type="checkbox"/> National origin	<input type="checkbox"/> Ethnic group
<input type="checkbox"/> Religion	<input type="checkbox"/> Religious practice	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender
<input type="checkbox"/> Sex	<input type="checkbox"/> Other (describe):			

Name(s) of others who may have witnessed the incident:

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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):

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Does the situation continue to occur?  Yes  No

What do you think should be done about the situation?

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***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.***

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**PART 2. SAMPLE PROTOCOL FOR DASA INCIDENT INVESTIGATION**

**To be completed by the DAC or person designated by the Principal to do the investigation.  
A thorough investigation must be done. Attach more copies of this section for each interviewee.**

**Interviewee** \_\_\_\_\_

**Interviewer** \_\_\_\_\_

**Date of interview** \_\_\_\_\_

*I am going to ask you some questions about a reported (identify the kind of) incident.*

*Please answer the questions the best you can. We will keep your answers anonymous as much as possible.*

1. Briefly, please describe what happened:

2. Who was involved?

a. Who was the offender?

b. Who was targeted?

c. Were there bystanders/witnesses? If yes, who were they?

3. What did you see?

4. What did you hear?

5. What did you feel (physically)?

6. When did this start? How long has this been going on?

7.	Who was hurt? a. How was that person hurt? (Physically? Feelings? Something broken or damaged?) b. How do you feel now?
8.	Was anyone else hurt in any way?
9.	Was anything damaged or broken? Missing?
10.	Did you or anyone else miss school, classes or school work?
11.	Please describe how this has affected you while you are at school.
12.	Has this happened before?
13.	Do you have anything you can show or give to me about this incident? Any evidence? a. Examples: Notes, bruises, URL's , pictures, screen shots, etc.
14.	Why do you think this happened?
15.	Who else should I talk to about this incident?
16.	Is there anything else you can/want to say about this incident?

***Thank you very much.***



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PART 4. SAMPLE TARGETED STUDENT ACTION PLAN TEMPLATE<sup>1</sup>

Student's Name: \_\_\_\_\_

Primary Staff Contact: \_\_\_\_\_

Plan start date: \_\_\_\_\_ Proposed Review date: \_\_\_\_\_

A. School/Staff:

1.  All school staff will be apprised of this action plan and will make every effort to implement it successfully.

2.  Any school staff who witness or are otherwise made aware of any harassment, discrimination, bullying, or cyberbullying directed toward the student will intervene immediately and will report such behavior to the principal or designee.

3. Classroom and Passing Times:

Mr./Mrs. \_\_\_\_\_ will be designated as the student's primary point of contact (trusted adult) on staff.

Mr./Mrs. \_\_\_\_\_, the classroom teacher, will keep the student and his/her offender separated in the classroom and during class activities.

Classroom teachers will keep the student and his/her offender separated in the classroom and during class activities.

Our school security officer (or other appropriate staff member) will be visible in the hall and will monitor the student during all passing times.

Mr./Mrs. \_\_\_\_\_ is designated as the student's recess monitor and will be visible and available during recess.

4.  The student will visit our school counselor (nurse / principal / AP) on a daily basis at an agreed upon time to ensure that the plan is working. If the student does not or cannot visit this person at that time, the designated person will locate and check with the student.

5.  The bus driver will be instructed to intervene immediately and to report any bus incidents immediately to the school principal.

6.  The school will immediately report any harassment, discrimination, bullying, or cyberbullying to the student's parents.

7.  Other: \_\_\_\_\_

<sup>1</sup>Retrieved from www.k12.2a.us/safetycenter/BullyingHarassment/default.aspx  
SAMPLE DASA Responding to Incidents  
PART 4. SAMPLE Targeted Student Action Plan Template

**B. The Targeted Student:**

1.  The student will not have face to face contact or online contact with the offender while this plan is in effect.
2.  The school counselor and the student will identify a friend or friends with whom he/she feels safe.
3.  The student will remain as close to the trusted friend(s) as is reasonable during the school day.
4.  The student will visit the school counselor (nurse / principal / AP) on a daily basis at \_\_\_\_\_ o'clock to check in to see that the plan is working.
5.  The student will share all passwords and will 'friend' his/her parents on all social networking sites so that they can monitor for any adverse online experiences.  
(Note: The student will not 'friend' teachers or other school staff.)
6.  The student will report any breach of this plan to his/her parents, designated trusted adult, teacher, or other staff person immediately.
7.  The student will also report any such behavior which occurs as a result of this plan off school property and/or outside of the regular school day.
8.  Other: \_\_\_\_\_

**C. Parents/Family:**

1. Parents and other family members agree to monitor and support the student with this action plan, monitor the student's use of technologies, and contact school if the problem persists.
2. Parents are welcome to contact the school at any time to check on the effectiveness of the plan. If threats and harassment continue and/or escalate, law enforcement may be called in.

This plan is in place from \_\_\_\_\_ through \_\_\_\_\_, at which time it will be reviewed, revised or continued, if necessary.

Who needs to be informed about the plan (respect confidentiality)? Check all that apply.

- Students    Administration    Parents    School staff    Other \_\_\_\_\_

Follow up review of plan (is plan working?) Projected date: \_\_\_\_\_

*(continued on next page)*





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SAMPLE

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**PART 5. SAMPLE STRATEGIES FOR WORKING WITH STUDENTS WHO BULLY**

*Article 2 Section 13e require the school, when an investigation reveals any such verified harassment, bullying, or discrimination, to take prompt actions, reasonably calculated to end the harassment, bullying, or discrimination, eliminate any hostile environment, create a more positive school culture and climate, prevent recurrence of the behavior, and ensure the safety of the student or students against whom such behavior was directed. Such actions shall be consistent with the guidelines created pursuant to subdivision four of this section; (progressive discipline).*

**1. Preventative Strategies (customize to fit the situation):**

- Passing time when changing classes: \_\_\_\_\_
- Lunch time: \_\_\_\_\_
- Classroom seating: \_\_\_\_\_
- Recess and/or playground: \_\_\_\_\_
- Arrival at school: \_\_\_\_\_
- Dismissal from school: \_\_\_\_\_
- School bus : \_\_\_\_\_
- Other: \_\_\_\_\_

**2. Counseling Session with Principal, DAC, or designee to reinforce:**

- Anti-bullying Rule
- Values of Respect and Community Membership
- School as a safe place for everyone to learn
- Insistence that the bullying behavior stop
- Other:

**3. Teaching Alternative Behaviors:**

- Anger and impulse control
- Empathy
- Cognitive retraining
- Social Skills
- Problem-solving
- Conflict Resolution
- Other:

**4. Referral for Counseling/Therapy with School Support Staff or Community Provider:**

5. Consequences Given: \_\_\_\_\_

Consequences should follow a progressive model and take into account the nature of the behavior, the developmental age of the students, the student's history of problem behaviors and the impact the student offender's behavior had on the individual who was physically injured or emotionally harmed.

**Examples of Consequences<sup>1</sup>**

*Please use as a guide only; align any consequences to your Code of Conduct*

- Time out
- Loss of Privilege
- Verbal reprimand (admonishment)
- Participation in a guided reflection process designed to teach alternative behavior
- Parental notification
- Classroom or administrative Detention
- Referral to disciplinarian
- Reassignment of seats in class, cafeteria, bus
- Temporary removal from the classroom
- Reassignment of classes
- Reassignment to another school
- Completion of letter of acknowledgement of action with apology, to victim (after review by staff and not in a case of sexual harassment or intimidation)
- Reparation to victim in the form of payment for repair of damage to possession
- In-school suspension
- Out-of-school suspension
- Transfer to appropriate alternative program
- Referral to law enforcement
- Other:
  - 
  -

6. Classroom and Whole School Bullying Prevention and Improving School Climate

- Determine the conditions contributing to discrimination, harassment, bullying, or cyberbullying and then address them in ways that improve school culture and climate. It may require modifying schedules, adjusting hallway traffic, modifying student routes of patterns for traveling to and from school; increasing supervision and target use of monitors in hallways, cafeteria, locker rooms, school perimeter, before and after school play areas, on buses, etc.
- Prepare and use teacher aides and volunteers in targeted ways
- Engage in community awareness events
- Adopt prevention programs and strategies
- Provide staff development for instructional and non-instructional staff
- Professional development for staff in key disciplinary roles
- Social Emotional Learning
- Mental Health Education
- Trauma Informed Schools
- Restorative Justice
- Positive Behavioral Intervention & Supports (PBIS)/Multi-tiered System of Support (MTSS)
- Other

Completed by: \_\_\_\_\_ Date completed: \_\_\_\_\_

Were person(s) in parental relation notified? \_\_\_\_\_

Proposed review date : \_\_\_\_\_

<sup>1</sup> Retrieved from UCLA School Mental Health Project, "Addressing Bullying: State Guidance to Districts and Schools is Both Helpful and a Missed Opportunity", (P. 4)

<http://smhp.psych.ucla.edu/pdfdocs/bullying.pdf>

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**PART 6. Individual Incident Report (IIR) Form**

*Education Law §2802 and the Commissioner's regulation 100.2 (gg) require schools to report all violent or disruptive incidents that occur during the school year and summer months, between July 1 and June 30, including when summer school is in session. **It is expected that schools collect the required information (below), electronically or in paper form, using a format such as the Individual Incident Report (IIR). The format should be the basis for the submission of the annual School Safety and the Educational Climate (SSEC) Summary Data Collection Form. These reports are to be kept at the school until the youngest person involved in the incident is 27 years old. Do not send copies of IIR forms to SED. Updated July 2021***

**Category of Incident** (Check any that apply):

<b>1. Homicide</b>	
<b>2. Sexual Offense</b>	
<b>3. Assault</b>	
<b>4. Weapons Possession</b>	
<b>5a. Materials Incidents of Discrimination, Harassment, and Bullying (all excluding Cyberbullying)</b>	
<b>5b. Cyberbullying</b>	
<b>6. Bomb Threat</b>	
<b>7. False Alarm</b>	
<b>8. Threat of School Violence (Other than Bomb Threat or False Alarm)</b>	
<b>9. Use, Possession, or Sale of Drugs</b>	
<b>10. Use, Possession, or Sale of Alcohol</b>	

**Incident was biased related** (Check any that apply):

<input type="checkbox"/> c. Race	<input type="checkbox"/> d. Ethnic Group	<input type="checkbox"/> e. National Origin	<input type="checkbox"/> f. Color
<input type="checkbox"/> g. Religion	<input type="checkbox"/> h. Religious Practices	<input type="checkbox"/> i. Disability	<input type="checkbox"/> j. Gender
<input type="checkbox"/> k. Sexual orientation	<input type="checkbox"/> l. Sex	<input type="checkbox"/> m. Weight	<input type="checkbox"/> n. Other

**Incident was:** (Check if applies)

<input type="checkbox"/> (o). Gang or group-related
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**If the incident involved the use of one or more weapons, indicate the number of weapons, by weapon type used, listed below:**

(q1). Firearms	(q2). Knives	(q3). Other Weapons
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**Incident was:** (Check any that apply)

<input type="checkbox"/> (r). Involving Alcohol	<input type="checkbox"/> (s). Involving Drugs
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**The location/time of the incident:** (Check any that apply)

<input type="checkbox"/> (t). On School Property	<input type="checkbox"/> (u). At School Function Off Grounds	<input type="checkbox"/> (v). Off School Property
<input type="checkbox"/> (w). On School Transportation	<input type="checkbox"/> (x). During Regular School Hours	<input type="checkbox"/> (y). Outside of Regular School Hours

**Identify the grade and age if the target/victim was student:**

Student Target/Victim	Grade	Age
#1		
#2		
#3		

**Indicate the number and types of targets/victims: (for any that apply)**

	(z). Student		(aa). Staff		(bb). Other
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**Indicate the number and types of offenders: (for any that apply)**

	(cc). Student		(dd). Staff		(ee). Other
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**Report the age and grade of student offender(s) and indicate the duration (length of assignment) of discipline or referral action: (Check any that apply)**

**Student Offender: Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ (duplicate any necessary)

<input type="checkbox"/>	(ff). Counseling or Treatment Programs Duration:	<input type="checkbox"/>	(gg). Teacher Removal Duration:
<input type="checkbox"/>	(hh). In School Suspension Duration:	<input type="checkbox"/>	(ii). Out of School Suspension Duration:
<input type="checkbox"/>	(jj). Involuntary transfer to an Alternative Placement	<input type="checkbox"/>	(kk). Community Service Duration:
<input type="checkbox"/>	(ll). Juvenile Justice or Criminal Justice System	<input type="checkbox"/>	(mm). Law Enforcement

**Report the disciplinary or referral actions taken against staff or “other” offenders, such as being reported to law enforcement, etc. (duplicate if necessary)**

Offender	Disciplinary Action	Referral Action	Other

**Report the number of student offenders involving each of the following weapons<sup>1</sup>:**

Weapon	Number of	
	General Education Students	Students with Disabilities
(a) Handgun		
(b) Rifle or Shotgun		
(c) Other		
(d) Multiple (Use of more than one above)		
(e) Total		

<sup>1</sup> This is required by USDOE Code C086 Students Involved with Firearms and data submission used to monitor and report on the Gun-Free Schools and Communities Act.

For further explanation see Glossary of Terms and Elementary and Secondary Education Act of 1965, as amended by Every Student Succeeds Act of 2015, 20 U.S.C. sections 6301 et seq., (Public Law 114-95, title 1, section 1111(h)(1)(C)(viii)(I), 129 STAT. 1802

For the students who brought firearms to school reflected in row (e) above, report the disciplinary action imposed in rows (f) through (l) below.

Disciplinary Action	Number of	
	General Education Students	Students with Disabilities
Suspended for one year and were provided instruction		
Suspended for one year and were not provided instruction		
Suspended for less than a year and were provided instruction		
Suspended for less than a year and were not provided instruction		
Received no instruction because student was removed for other reasons, such as death, withdrawal, or incarceration		
Received a different disciplinary action		
Received no disciplinary action		

Indicate whether, in this incident, the person was a victim of a violent criminal offense:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate whether the victim of this violent criminal offense requested to transfer to another school in the district:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate whether the victim of this violent criminal offense accepted the transfer to another school in the district:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate whether a police or other safety resource officer was present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate whether this incident resulted in a school-related arrest:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate if this incident was verified, through an investigation, by a school administrator, DASA coordinator, etc.:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Explain the reason that the incident must be reported on the SSEC Summary Data Collection Form.**

Report prepared by \_\_\_\_\_  
Date \_\_\_\_\_

**Retain this form in the school.**

*These reports are to be kept at the school until the youngest person involved in the incident is 27 years old<sup>2</sup>*  
**(Do not send to SED)**

<sup>2</sup> Records Retention and Disposition Schedule ED-1  
PART 6. Individual Incident Report (IIR) Form  
Updated July 2021