

FALLSBURG CENTRAL SCHOOL DISTRICT

Ivan Katz, Ed. D., Superintendent of Schools

PO Box 124, 115 Brickman Road

Fallsburg, NY 12733

Voice: 845-434-6800 Fax: 845-434-8346

Web: www.fallsburgcsd.net

Fallsburg Central 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 principal, superintendent or their designee 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.

DASA Incident Reporting Form (For District/School Files Only)

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

Dignity Act Coordinator: _____ **School:** _____

Position: _____

Today's date: _____ **Name of person reporting incident:** _____

Role of person reporting incident (Check one)

Student Target Student (witness) Parent/Guardian Staff Member
 Other _____

Phone: _____ **Email:** _____

Have you reported an incident with this student before? Yes No

If yes, who did you report it to? _____ **Date:** _____

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

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Fax: 845-434-0871

Guidance Office
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Voice: 845-434-6124
Fax: 845-434-2523

Pupil Personnel Services
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Name(s) of alleged
offender(s): _____

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)

On School Property Cafeteria On a school bus
 Classroom Gym Off school property
 Hallway Locker Room Electronic Communication
 Bathroom At a school Function 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 exclusions, 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?

Student Employee Both students and employees

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.

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

What did the alleged offender(s) say or do?

Do you have any information to share about why the bullying, intimidation, or harassment occurred?

How did you learn about the bullying?

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

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion* | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religious practice | <input type="checkbox"/> Other |
| <input type="checkbox"/> Weight/size | <input type="checkbox"/> Disability | (describe) _____ |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Sexual orientation | |
| <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Gender | |

*If you checked Religious bias above, please indicate which religion was targeted:

- | | |
|--|---|
| <input type="checkbox"/> Atheist/Agnostic | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Mormon |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Multiple religions, group: _____ |
| <input type="checkbox"/> Eastern Orthodox | <input type="checkbox"/> Other Christian: _____ |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other religion: _____ |
| <input type="checkbox"/> Islamic (Muslim) | <input type="checkbox"/> Protestant |
| <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Sikh |

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: _____

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Does the situation continue to occur? [] No [] Yes

What do you think should be done about the situation?

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.

I hereby certify that the information I have provided in this complaint is true, and correct and complete to the best of my knowledge.

_____/_____/20_____
Signature Date

FOR SCHOOL LEADERS OR DESIGNEE ONLY

Date Received: _____

Received by: _____

II. The following section is for documenting the school's investigation to be completed by the school leader and/or designee (i.e. Dignity Act Coordinator).

Results of Investigation (include summary of information gathered from interviews):

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Did the investigation verify that a material incident of bullying, harassment, and/or discrimination occurred? Yes No

If no, why?

Description of plan to eliminate bullying and reduce the hostile environment:

Contact with parents/guardians of target date/name:

Contact with parents/guardians of aggressor(s)-name/date:

Contact with law enforcement-name/date:

Results:

Remediation: *(Check all that apply)*

Education

Counseling

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- Disciplinary (*Code of Conduct application*)
- Restorative Justice or other program (*describe*)

- Law Enforcement
- Other (*describe*)

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?) in _____ weeks.

Target's response to plan to determine effectiveness:

Additional plan revisions and comments, if needed:

Determination letter sent home to:

Date sent: _____

Keep this report on file to calculate yearly data reported to New York State Education Department.

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