

Plattsburgh City School District DASA Incident Report/Response Form

Name of person making report: _____ Today's Date: _____

Telephone/Email Address: _____ Relationship to Target: _____

Did you witness the incident? _____ Time of Incident: _____

Name of alleged target: _____

School (if known) _____ Grade & Age: _____

Name(s) of alleged offender(s) (if known). Please identify each as student or employee and provide age.

Name(s) of possible witness(es):

Description of Discriminatory and/or Harassing Behaviors

Bias was based on the target's actual or perceived: (check all that apply)

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Weight | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Religion | <input type="checkbox"/> Religious Practices | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender | <input type="checkbox"/> Sex | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Other, please describe: _____ | | | |

Identify where the incident happened: (check all that apply)

- | | | | | |
|--|--|--|--|-------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Playground/Recess | <input type="checkbox"/> Field Trip | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> School Bus |
| <input type="checkbox"/> Library | <input type="checkbox"/> Hallway | <input type="checkbox"/> On the way to/from school | <input type="checkbox"/> Electronically/Cyberspace | |
| <input type="checkbox"/> Other : _____ | | | | |

Place an (x) next to the statement(s) that best describe what happened. Choose all that apply:

- ___ Hitting, kicking, shoving, spitting, hair pulling or throwing something.
- ___ Getting another person to hit or harm the student.
- ___ Teasing, name-calling, making critical remarks, or threatening, in person or by other means.
- ___ Demeaning remarks or student being made the target of joke(s).
- ___ Making rude or threatening gestures.
- ___ Excluding or rejecting the student, or asking another person to turn against a student.
- ___ Intimidating (bullying), extorting or exploiting.
- ___ Spreading harmful rumors or gossip
- ___ Electronic bullying
- ___ Other: _____

Is this the first time? ___ Yes ___ No

If not, what happened? _____

Did a physical injury result from this incident?

___ No ___ Yes (no medical attention needed) ___ Yes (medical attention needed)

___ Evaluation by school nurse ___ Other medical intervention (please specify) _____

DESCRIPTION OF INCIDENT. Attach additional sheets if necessary, as well as any supporting documentation (i.e. copies of e-mails, notes, photos, etc.)

What happened (including threats/remarks/actions taken in person and via electronic means)?

How did you respond to the incident(s)?

Did anything happen before the incident(s) that might have caused it?

How did the incident(s) make the target feel?

Please write down any other information that you feel would assist the school in this investigation.

Are there observable changes in the student's (target) behavior? Check all that apply.

Attendance Grades Social Interactions Behaviors

Explain: _____

Signature: _____

Date: _____

This page is to be completed by a building administrator:

Actions Taken To Resolve This Issue. (Check all that apply and provide information as necessary).

- Met with alleged target. Date: _____ Time: _____
- Met with alleged offender. Date: _____ Time: _____
- Parents of alleged target contacted. Date: _____ Time: _____
- Parents of alleged offender. Date: _____ Time: _____
- Counseling provided to target.
- Mediation provided.
- Conflict resolution.
- Increased supervision.
- Scheduling changes.
- Re-teaching re: awareness/sensitivity/coping strategies
- No Contact Contract.
- PSAF/PINS Referral.
- Police Notified.
- Formal Administrative Action. (Attach a copy of the office disciplinary referral.)
- Placement in alternative educational program.
- Behavioral Plan.
- Other: _____

Comments:

Name of Administrator: _____

Signature of Administrator: _____

Date: _____

Note: All DASA reports must be kept on file until the youngest person on the report turns 27 per NYS regulations. At the end of the year, all reports must be sent to the DASA Coordinator for filing.