

## Dignity For All Students (DASA) Reporting Form

*Hempstead School District, Hempstead, New York*

Hempstead 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"). Bullying, harassment, intimidation or discrimination are serious and will not be tolerated. This is a form to report alleged bullying, harassment, intimidation or discrimination that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school, in the 2019-2020 school year. If you are a student victim, the parent/guardian of a student victim, a close adult relative of a student victim, or a school staff member and wish to report an incident of alleged bullying, harassment or intimidation, complete this form and return it to the DASA Coordinator or Principal at the student victim's school. Contact the school for additional information or assistance at any time. Bullying, harassment, intimidation or discrimination means intentional conduct, including verbal, physical, or written conduct or an intentional electronic communication that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities, or performance, or with a student's physical or psychological well-being and is:

- Motivated by an actual or a perceived personal characteristic including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attributes, socioeconomic status, familial status, or physical or mental ability or disability; or
- Threatening or seriously intimidating; and,
- Occurs on school property, at a school activity or event, or on a school bus; or,
- Substantially disrupts the orderly operation of a school

"Electronic communication" means a communication transmitted by means of an electronic device, including a telephone, cellular phone, computer (i.e. Facebook or any other social networking sites).

Today's Date: \_\_\_\_\_ School: \_\_\_\_\_

Name of person reporting the incident: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Check the appropriate box:  Student  Student (witness/bystander)  Parent/Guardian  
 Close adult relative  School Staff Member

1. Name of student victim: \_\_\_\_\_ Grade: \_\_\_\_\_

2. Alleged offender(s) if known (Please print)	Age	School (if known)	Is he/she a student?

3. On what date(s) did the incident happen? Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

4. Where did the incident happen? (Check all that apply)  
 On school property  On a school bus  At a school-sponsored activity or event off school property  
 On the way to/from school  Electronic Communication

5. Check the statement(s) that best describes what happened (Choose all that apply):

- Physical Contact (kicking, punching, spitting, tripping, pushing, taking belongings)
- Verbal Threats (teasing, name-calling, making critical remarks, or threatening, in person or by other means)
- Psychological (non-verbal actions, spreading rumors, social exclusion, 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):

6. What did the alleged offender(s) say or do? (Attach a separate sheet if necessary)

7. Why did the bullying, harassment or intimidation occur? (Check all that apply)

- Verbal Bullying
- Physical Bullying
- Social/Relational Bullying
- Cyber Bullying
- Hazing
- Harassment
- Sexual Harassment
- Other

8. Did a physical injury result from this incident? (Indicate one of the following)

- No       Yes, but it did not require medical attention       Yes, and it required medical attention

9. If there was a physical injury, do you think it will have permanent effects?  Yes  No

10. Was the student victim absent from school as a result of the incident?  Yes  No  
If yes, how many days was the student victim absent from school as a result of this incident? \_\_\_\_\_

11. Did a psychological injury result for this this incident? (Indicate one of the following)

- No       Yes, but psychological services have not been sought       Yes, psychological services have been sought

12. The reported alleged incident involve the following: (Check all that apply)

- Race
- Ethnic Group
- Sexual Orientation
- Color
- Religion
- Gender
- Weight
- Religious Practice
- Sex
- National Origin
- Disability
- None

13. Is there any additional information you would like to provide?

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Part II

**Dignity for All Students (DASA) Reporting Form**

Hempstead School District, Hempstead, New York

**FOR SCHOOL LEADERS OR DESIGNEE ONLY**

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 the investigation (include summary of information gathered from interviews):

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(Add extra pages if needed)

Did the investigation verify that a material incident of bullying, harassment and/or discrimination occurred?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If no, why?

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

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Contact with parents/guardians of target – Date: \_\_\_\_\_

Contact with parents/guardian of aggressors) – Date: \_\_\_\_\_

Contact with law enforcement – Date: \_\_\_\_\_

**Results:**

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**Remediation: (Check all that apply)**

Education

Counseling

Disciplinary (Code of Conduct application) \_\_\_\_\_

Restorative Justice of 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:

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Additional plan revisions and comments, if needed:

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**KEEP THIS REPORT ON FILE  
TO CALCULATE YEARLY DATA REPORTED TO NEW YORK STATE EDUCATION DEPARTMENT**