ENLARGED CITY SCHOOL DISTRICT OF MIDDLETOWN

DIGNITY FOR ALL STUDENTS ACT REPORTING FORM (DASA)

HARASSMENT/BULLYING/DISCRIMINATION

The Dignity Act prohibits discrimination and/or harassment of students on school property and at school functions by students or school employees. Harassment can include the use, both on and off school property, of information technology to deliberately harass or threaten others.

Note: Retaliation or threats of retaliation against any person involved in the reporting or investigation of harassment, discrimination, or bullying is a violation of the law. Additionally, any individual who knowingly makes a false statement on this form, or impedes subsequent investigations may be subject to civil liability.

Name of Complainant: ___________________________________________ Grade: _______ Date: _____________________________

Name of Parent/Guardian/Caregiver: ___________________________________________ Phone____________________________________

Relationship to Student on whose behalf you are reporting:

☐ Friend ☐ Self ☐ Teacher ☐ Parent ☐ Other: ___________________________________________

Name of Student subjected to harassment or discrimination: ___________________________________________

School attending: ___________________________________________ Grade (if known): _________________

Characteristics [actual or perceived] targeted CHECK THOSE THAT APPLY:

☐ Race ☐ Color ☐ National Origin ☐ Ethnic Group

☐ Weight ☐ Gender ☐ Gender Identity / Expression ☐ Disability

☐ Sexual Orientation ☐ Religion ☐ Religious Practice

☐ Other [Describe]

Behaviors observed/ reported (CHECK THOSE THAT APPLY)

☐ Teasing ☐ Spitting ☐ Stealing ☐ Name calling ☐ Insults ☐ Tripping, pinching, spitting ☐ Spreading rumors ☐ Graffiti ☐ Threats ☐ Intimidation ☐ Restraining movement ☐ Negative facial gestures ☐ Stalking ☐ Sexual Harassment ☐ Publicized negative information to others ☐ Social exclusion ☐ Negative communications ☐ Other: _____________________

Location(s) where behaviors were observed/reported to occur (CHECK THOSE THAT APPLY)

☐ School Location: Describe ☐ Online (social media) ☐ Off Campus (school sponsored)

☐ Off Campus (non-school sponsored)

☐ School Bus
Has this incident/discrimination been previously reported? □ Yes  □ No

If yes, to whom and when? ________________________________________________________________

Name(s) of the person(s) engaging in the alleged harassment or discrimination of the student: __________________________________________

To the best of your ability, please indicate when the incident occurred: Date: ______________________ Time: ______________________

Witnesses (if any): ________________________________________________________________

Please provide a detailed description/statement of the incident(s) reported including a statement of how and when you became aware of the alleged occurrence(s). Please provide any written information you have to support the allegations (i.e., written statements, photos, printouts, documents, etc.) Please use a separate sheet if necessary.

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Signature: ___________________________________________ Date: ______________________

This report must be delivered to your school’s Dignity Act Coordinator, or the District Dignity Act Coordinator. Reporting incidents of harassment and/or discrimination is essential to maintaining a safe school environment. An investigation will begin no less than two school days after receipt of this report.