

Dignity for All Students Act (DASA) Individual Incident Form

Name of Person Submitting this Report: _____
(please print clearly)

Address _____ Date _____

Phone number(s) _____
(home) (cell) (work)

Victim's Name: _____ Gender _____ Grade _____

Offender's Name: _____ Gender _____ Student Employee

Offender's Name: _____ Gender _____ Student Employee

Offender's Name: _____ Gender _____ Student Employee

Actual or perceived bias (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 (describe): | | | |

Incident involved (check all that apply):

- Intimidation or abuse but no verbal threat or physical contact
- Verbal threats but no physical contact
- Physical contact but no verbal threat
- Both a verbal threat and physical contact
- Only students

Location:

- On school property
- Off school property at a school-sponsored event

Approximate time of incident: _____ am / pm

This incident in this report was directly observed reported to me either in writing or verbally.

Description of the incident: _____

Have there been any changes in the victim's behavior (check all that apply)?

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Grades | <input type="checkbox"/> Depression | <input type="checkbox"/> Feelings about self/others |
| <input type="checkbox"/> Antisocial behaviors | <input type="checkbox"/> Self-destructive behaviors | <input type="checkbox"/> Withdrawal | |
| <input type="checkbox"/> Social interactions | <input type="checkbox"/> Other (explain) _____ | | |

This incident in this report was directly observed reported to me either in writing or verbally.

Actions Taken (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Meeting with principal/designee | <input type="checkbox"/> Verbal correction | <input type="checkbox"/> Parent/guardian called |
| <input type="checkbox"/> Meeting with guidance/psychologist | <input type="checkbox"/> Increased supervision | <input type="checkbox"/> Conflict resolution |
| <input type="checkbox"/> Awareness/sensitivity session | <input type="checkbox"/> Referral to counseling services | <input type="checkbox"/> Community service |
| <input type="checkbox"/> Lunch detention | <input type="checkbox"/> After-school detention | <input type="checkbox"/> Suspension from class/activities |
| <input type="checkbox"/> In-school suspension | <input type="checkbox"/> Out of school suspension | <input type="checkbox"/> Behavior Plan developed |
| <input type="checkbox"/> Transfer to alternative setting | <input type="checkbox"/> Law enforcement notified | <input type="checkbox"/> Referral to outside agency |
| <input type="checkbox"/> Teacher removal/discipline | <input type="checkbox"/> Prevention/Intervention strategy: _____ | |
| <input type="checkbox"/> Other: _____ | | |

Previous Discriminatory and/or Harassing Incidents, if any:

Description: _____

_____ Date(s): _____

Signature _____ Date: _____