Crown Point Central School DIGNITY FOR ALL STUDENTS ACT (DASA) Complainant - INCIDENT REPORT FORM - Part 1

To be completed by the person reporting the incident to the DASA Coordinator

Complainant Name:				Date:	
Complainant Contact Info Home and/or Cell Phone: Address: Email:					
School:					
Target (Victim/s) Name:			☐ Student ☐ Employer	Sex	Grade
Offender/s Name:		☐ Student ☐ Employer	Sex	Grade / Position	
Offender/s Name:			Student	Sex	Grade / Position
Offender/s Name:		A	☐ Student ☐ Employer	Sex	Grade / Position
Witness/es Name and Co	ntact Information:				
Dignity Act Coordinator a	nd Contact Informat	tion:			
Incid	dent Description of	f Discriminatory and/	or Harassing	Behav	/iors
Type of bias b	ased on the perso	on's actual or perce	ived (check	all tha	it apply)
☐ Race	☐ Color	☐ Weight		☐ National Origin	
☐ Ethnic group	☐ Religion	☐ Religious Practices		□ Disability	
☐ Sexual Orientation☐ Other:	☐ Gender	☐ Sex	☐ Sex ☐ Not Sure		t Sure
Did the incident involve o	yberbullying?	Yes 🗖 No			

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Description of the Incident:				
Incident involved (check all that applies)?				
☐ Involving intimidating or abuse but no verbal threat or physical contact				
☐ Involving verbal threats but no physical contact				
☐ Involving physical contact but no verbal threat				
☐ Involving both verbal threat and physical contact				
☐ Involving only student offenders				
Location				
☐ On School Property				
☐ At a school-sponsored function off school grounds				
☐ Off school grounds – Explain:				
Were there any witnesses?				
f yes, list the names of the individual(s):				