

SAMPLE Dignity for All Students Act (DASA)
Responding to Incidents
 Bullying, Harassment and Discrimination - *For District/School Files Only*

SAMPLE DASA INCIDENT REPORTING AND INVESTIGATION COMPLETION CHECKLIST

The following section is for documenting completion of the school’s incident investigation process.

This should be completed by the school leader and/or designee (i.e. Dignity Act Coordinator) upon completion of the incident investigation and reporting process.

Use this page as a summary/cover page.

Date of Incident:	
Form completed by:	
Were the following forms completed?	Comments
<input type="checkbox"/> Part 1. DASA Complaint Form	
<input type="checkbox"/> Part 2. Protocol for DASA Incident Investigation	
<input type="checkbox"/> Part 3. DASA Incident Verification and Parent Notification	
<input type="checkbox"/> Part 4. Targeted Student Action Plan Template	
<input type="checkbox"/> Part 5. Strategies for Working with Student Who Caused an Incident	
<input type="checkbox"/> Part 6. Individual Incident Report (IIR) Form	

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PART 1. SAMPLE DASA COMPLAINT FORM

A DASA complaint form must be posted on the District website and communicated to parents and students on an annual basis.

To be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident) and submitted to the Dignity Act Coordinator (DAC).

School District: _____ **School:** _____

Dignity Act Coordinator: _____ **Today's date:** _____

Name and position of person reporting the incident: _____

Role of person reporting incident (Check one): Anonymous report

Student Target Student (witness) Parent/Guardian Staff Member Other _____

Phone: _____ Email: _____

Name of target: (student being bullied, harassed, or discriminated against)

Name(s) of alleged offender(s): _____

Date and time of incident: _____

What was your involvement in the incident?

I was directly involved in the incident I observed the incident I heard about the incident

Where did the incident happen? (Check all that apply)

<input type="checkbox"/> On school property	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> On a school bus	<input type="checkbox"/> Hallway	<input type="checkbox"/> Bathroom
<input type="checkbox"/> Classroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Off school property	<input type="checkbox"/> Locker Room	<input type="checkbox"/> At a school function
<input type="checkbox"/> Electronic Communication:		<input type="checkbox"/> Other (describe):		

Type of incident (Check all that apply)

<input type="checkbox"/>	Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
<input type="checkbox"/>	Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
<input type="checkbox"/>	Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
<input type="checkbox"/>	Abuse (actions or statements that put an individual in fear of bodily harm)
<input type="checkbox"/>	Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures (sexting))
<input type="checkbox"/>	Other (describe):

Who was involved in the incident? (Check all that apply) Student Employee Other: _____

Describe the specific nature of the incident. What happened? (Be as specific as possible). What did the alleged offender say or do? Include any copies of text messages, emails, etc. if possible. (Add extra pages if needed)

If there were any adults in the area when this happened, what did they do?

Types of bias involved (if known): (Check all that apply)

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Weight/Size	<input type="checkbox"/> National origin	<input type="checkbox"/> Ethnic group
<input type="checkbox"/> Religion	<input type="checkbox"/> Religious practice	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender
<input type="checkbox"/> Sex	<input type="checkbox"/> Other (describe):			

Name(s) of others who may have witnessed the incident:

Was the student absent from school as a result of the incident?

No Yes, Number of days student was absent: _____

Describe the impact this incident has had on the student (target):

Does the situation continue to occur? Yes No

What do you think should be done about the situation?

You can contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whoever you are most comfortable with) for information or assistance at any time.

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PART 2. SAMPLE PROTOCOL FOR DASA INCIDENT INVESTIGATION

**To be completed by the DAC or person designated by the Principal to do the investigation.
A thorough investigation must be done. Attach more copies of this section for each interviewee.**

Please note: It is important to be sensitive to the response from our students to these questions.

The intent is to gather relevant information without upsetting or retraumatizing our students.

These questions are only a guide, please use your judgment and sensitivity when deciding which questions to ask.

Interviewee _____

Interviewer _____

Date of interview _____

I am going to ask you some questions about a reported [identify the kind of] incident.

Please answer the questions the best you can. We will keep your answers anonymous as much as possible.

I'm here to help, so please let me know if you are uncomfortable answering any of the questions.

1. Could you please describe what happened?

2. Who was involved?

a. Who was the offender?

b. Who was targeted?

c. Were there bystanders/witnesses? If yes, who were they?

3. What did you see?

4. What did you hear?

5. Please tell me how long this has been happening, or if it has happened before?

6.	Was anyone was hurt or scared? How are you now?
7.	Was anything damaged or broken? Missing?
8.	Did you or anyone else miss school, classes, or schoolwork because of this incident?
9.	Please tell me how this has affected you while you are at school?
10.	Do you have anything you can show or give to me about this incident? Examples: Notes, bruises, URL's, pictures, screen shots, any other evidence, etc.
11.	Are there other people who might be able to help me understand this incident?
12.	Is there anything else you can/want to share with me about this incident?
13.	<p>Thank you for sharing this information.</p> <p>Please come to me or to _____ (<i>insert staff names</i>) if anything else happens or if you feel unsafe.</p> <p>The next steps we will take at the school are (indicate if parents/persons in parental relation will be contacted):</p>

Thank you very much.

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PART 4. SAMPLE TARGETED STUDENT ACTION PLAN TEMPLATE

Please note: This sample plan is designed to provide ideas and should be customized to address each unique situation. The options below are suggestions for supporting students and are intended to provide ideas for how the school can take prompt actions, reasonably calculated to end the harassment, bullying, or discrimination, eliminate any hostile environment, create a more positive school culture and climate, prevent recurrence of the behavior, and ensure the safety of the student(s) against whom such behavior was directed.

EDN Article 2 (13)(e)

These are only a guide, please use your judgment and sensitivity when deciding which options are best.

Student's Name: _____

Primary Staff Contact: _____

Plan start date: _____ Proposed Review date: _____

A. School/Staff:

- All school staff will be apprised of this action plan and will make every effort to implement it successfully. Staff will be informed about indicators of possible future incidents involving this student, and what they can look-for that might indicate an incident has occurred.
- Any school staff who witness or are otherwise made aware of any harassment, discrimination, bullying, or cyberbullying directed toward the student will intervene immediately and will report such behavior to the principal or designee. Staff will be informed about what is an appropriate and timely response.

B. Classroom and Passing Times (choose the relevant options):

- Staff Name: _____ will be designated as the student's primary point of contact (trusted adult).
- Staff Name: _____, the classroom teacher, will keep the students separated in the classroom and during class activities.
- Classroom teachers will keep the students involved and separated in the classroom and during class activities.
- Staff Name: _____ will be visible in the hall and will monitor the student during all passing times.
- Staff Name: _____ is designated as the student's recess contact and will be visible and available during recess.
- Staff Name: _____ is designated as the student's lunchroom/cafeteria contact and will be visible and available during lunch.
- Staff Name: _____ is designated as the student's contact and will be visible and available during _____ (insert class name).
- Check in time: The student will visit with _____ (i.e., teacher, the school counselor, nurse, principal, AP) daily at an agreed upon time to ensure that the plan is working. If the student does not or cannot visit this person at that time, the designated person will locate and check-in with the student.

- The bus driver will be instructed to intervene immediately and to report any bus incidents immediately to the school principal.
 - The school will immediately report any harassment, discrimination, bullying, or cyberbullying to the student's parents/persons in parental relation.
 - Other: _____
-
-

C. Student Actions (choose the relevant options):

- The student will not have face to face contact or online contact with the other student(s) while this plan is in effect.
- The school staff and the student will identify a friend or friends with whom he/she feels safe. Names: _____ will be shared with the student's teachers.
- The student will remain as close to the trusted friend(s) as is reasonable during the school day.
- Check in time: The student will visit _____ (i.e., teacher, counselor/nurse /principal /AP) daily at _____ o'clock to check in to see if the plan is working.
- The student will share all passwords and will 'friend' his/her parents on all social networking sites so that they can monitor for any adverse online experiences.
(**Note:** The student will not 'friend' teachers or other school staff.)
- The student will report any challenges or issues with this plan to his/her parents/person in parental relation, designated trusted adult, teacher, or other staff person immediately.
- The student will also report any such behavior which occurs as a result of this plan off school property and/or outside of the regular school day.
- Other: _____

D. Parents/persons in parental relation:

- Parents/persons in parental relation agree to monitor and support the student with this action plan, monitor the student's use of technologies, and contact school if the problem persists.
- Parents are welcome to contact the school at any time to check on the effectiveness of the plan.
- Other: _____

Were parents/person(s) in parental relation notified? Yes No **If no, why?**

This plan is in place from _____ through _____, at which time it will be reviewed, revised, or continued, if necessary.

Who needs to be informed about the plan (*respect confidentiality*)? Check all that apply.

Students Administration School staff Other _____

Follow up review of plan (is plan working?) Projected date: _____

Student's response to plan to determine effectiveness:

Additional plan revisions and comments, if needed:

Completed by: _____

Date: _____

We agree to the Action Plan as stated above.

Student

Parent/person in parental relation

Principal

Other Staff

Date Modified/Extended: _____

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PART 5. SAMPLE STRATEGIES FOR WORKING WITH STUDENT WHO CAUSED AN INCIDENT

Please note: This sample plan is designed to provide ideas and should be customized to address each unique situation. The options below are suggestions for how the school can take prompt actions, reasonably calculated to end the harassment, bullying, or discrimination, eliminate any hostile environment, create a more positive school culture and climate, prevent recurrence of the behavior, and ensure the safety of the student(s) against whom such behavior was directed. As required by DASA, such actions shall be consistent with the guidelines created pursuant to subdivision four of this section (progressive discipline). *EDN Article 2 Section 13(e)*

These are only a guide, please use your judgment and sensitivity when deciding which options are best.

1. Preventative Strategies (customize to fit the situation):

- Passing time when changing classes: _____
- Lunch time: _____
- Classroom seating: _____
- Recess and/or playground: _____
- Arrival at school: _____
- Dismissal from school: _____
- School bus : _____
- Other: _____

2. Counseling Session with Principal, DAC, or designee to reinforce:

- Anti-bullying Rules and expectations for student(s)
- Values of Respect and Community Membership
- School as a safe place for everyone to learn
- Insistence that the bullying/harassment/discrimination behavior stop
- Other:

3. Teaching Alternative Behaviors (choose more than one, if applicable):

- Self-regulation and impulse control
- Empathy
- Behavioral supports
- Social Skills
- Problem-solving
- Conflict Resolution
- Other:

4. Referral for additional support (if any):

5. DASA does not require discipline; however, any consequences should follow a progressive model and take into account the nature of the behavior, the developmental age of the students, the student’s history of problem behaviors and the impact the student offender’s behavior had on the individual who was physically injured or emotionally harmed.

Examples of Consequences*

Please use as a guide only; align any consequences to your Code of Conduct

- Time out
- Loss of Privilege
- Participation in a guided reflection process designed to teach alternative behavior
- Reassignment of seats in class, cafeteria, bus
- Reassignment of classes
- Completion of letter of acknowledgement of action with apology, to victim (after review by staff and not in a case of sexual harassment or intimidation)
- Reparation to victim in the form of payment for repair of damage to possession
- Other:
 -
 -

Please describe any consequences:

6. Classroom and Whole School Bullying Prevention to Improve School Climate

- Determine the conditions contributing to discrimination, harassment, bullying, or cyberbullying and then address them in ways that improve school culture and climate.
This may require modifying schedules, adjusting hallway traffic, modifying student routes of patterns for traveling to and from school, increasing supervision and use of monitors in hallways, cafeteria, locker rooms, school perimeter, before and after school, in play areas, on buses, etc.
- Prepare cafeteria staff, transportation staff, and teacher aides and volunteers in intentional ways
- Engage in community awareness events
- Adopt prevention programs and strategies
- Provide staff development for instructional and non-instructional staff
- Professional development for staff in key disciplinary roles
- Social Emotional Learning
- Mental Health Education
- Trauma Informed Schools
- Restorative Justice
- Positive Behavioral Intervention & Supports (PBIS)/Multi-tiered System of Support (MTSS)
- Campaign for staff awareness about who they must contact if they witness an incident, and how they should respond to an incident.
- Campaign for student awareness about expectations for behavior and who they should contact if they witness and incident.
- Ensure that our Dignity Act Coordinator name is clearly visible throughout the school.
- Other _____

* Modeled after the UCLA School Mental Health Project, “Addressing Bullying: State Guidance to Districts and Schools is Both Helpful and a Missed Opportunity”, (P. 4) Retrieved from <http://smhp.psych.ucla.edu/pdfdocs/bullying.pdf>
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Were parents/person(s) in parental relation notified? Yes No **If no, why?**

This plan is in place from _____ through _____, at which time it will be reviewed, revised, or continued, if necessary.

Who needs to be informed about the plan (*respect confidentiality*)? Check all that apply.

Students Administration School staff Other _____

Follow up review of plan (is plan working?) Projected date: _____

Student's response to plan to determine effectiveness:

Additional plan revisions and comments, if needed:

Completed by: _____

Date: _____

We agree to the Action Plan as stated above.

Parent/person in parental relation

Student

Principal

Other Staff

Date Modified/Extended: _____

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PART 6. Individual Incident Report (IIR) Form

*Education Law §2802 and the Commissioner's regulation 100.2 (gg) require schools to report all violent or disruptive incidents that occur during the school year and summer months, between July 1 and June 30, including when summer school is in session. **It is expected that schools collect the required information (below), electronically or in paper form, using a format such as the Individual Incident Report (IIR). The format should be the basis for the submission of the annual School Safety and the Educational Climate (SSEC) Summary Data Collection Form. These reports are to be kept at the school until the youngest person involved in the incident is 27 years old. Do not send copies of IIR forms to SED. Updated July 2021***

Category of Incident (Check any that apply):

1. Homicide	
2. Sexual Offense	
3. Assault	
4. Weapons Possession	
5a. Materials Incidents of Discrimination, Harassment, and Bullying (all excluding Cyberbullying)	
5b. Cyberbullying	
6. Bomb Threat	
7. False Alarm	
8. Threat of School Violence (Other than Bomb Threat or False Alarm)	
9. Use, Possession, or Sale of Drugs	
10. Use, Possession, or Sale of Alcohol	

Incident was biased related (Check any that apply):

<input type="checkbox"/> c. Race	<input type="checkbox"/> d. Ethnic Group	<input type="checkbox"/> e. National Origin	<input type="checkbox"/> f. Color
<input type="checkbox"/> g. Religion	<input type="checkbox"/> h. Religious Practices	<input type="checkbox"/> i. Disability	<input type="checkbox"/> j. Gender
<input type="checkbox"/> k. Sexual orientation	<input type="checkbox"/> l. Sex	<input type="checkbox"/> m. Weight	<input type="checkbox"/> n. Other

Incident was: (Check if applies)

<input type="checkbox"/>	(o). Gang or group-related
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If the incident involved the use of one or more weapons, indicate the number of weapons, by weapon type used, listed below:

	(q1). Firearms		(q2). Knives		(q3). Other Weapons
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Incident was: (Check any that apply)

<input type="checkbox"/>	(r). Involving Alcohol	<input type="checkbox"/>	(s). Involving Drugs
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The location/time of the incident: (Check any that apply)

<input type="checkbox"/>	(t). On School Property	<input type="checkbox"/>	(u). At School Function Off Grounds	<input type="checkbox"/>	(v). Off School Property
<input type="checkbox"/>	(w). On School Transportation	<input type="checkbox"/>	(x). During Regular School Hours	<input type="checkbox"/>	(y). Outside of Regular School Hours

Identify the grade and age if the target/victim was student:

Student Target/Victim	Grade	Age
#1		
#2		
#3		

Indicate the number and types of targets/victims: (for any that apply)

	(z). Student		(aa). Staff		(bb). Other
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Indicate the number and types of offenders: (for any that apply)

	(cc). Student		(dd). Staff		(ee). Other
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Report the age and grade of student offender(s) and indicate the duration (length of assignment) of discipline or referral action: (Check any that apply)

Student Offender: Age _____ **Grade** _____ (duplicate any necessary)

<input type="checkbox"/>	(ff). Counseling or Treatment Programs Duration:	<input type="checkbox"/>	(gg). Teacher Removal Duration:
<input type="checkbox"/>	(hh). In School Suspension Duration:	<input type="checkbox"/>	(ii). Out of School Suspension Duration:
<input type="checkbox"/>	(jj). Involuntary transfer to an Alternative Placement	<input type="checkbox"/>	(kk). Community Service Duration:
<input type="checkbox"/>	(ll). Juvenile Justice or Criminal Justice System	<input type="checkbox"/>	(mm). Law Enforcement

Report the disciplinary or referral actions taken against staff or “other” offenders, such as being reported to law enforcement, etc. (duplicate if necessary)

Offender	Disciplinary Action	Referral Action	Other

Report the number of students involved (as offenders) in incidents involving each of the following weapons at school¹:

Weapon	Number of	
	General Education Students	Students with Disabilities
(a) Handgun		
(b) Rifle or Shotgun		
(c) Other		
(d) Multiple (Use of more than one above)		
(e) Total		

¹ This is required by USDE Code DG596 Students Involved with Firearms and data submission used to monitor and report for the ESSA section 4141 Gun-Free Schools and Communities Act (GFSA)
See definitions and requirements here: <https://www2.ed.gov/about/inits/ed/edfacts/eden/non-xml/fs086-18-0.docx>
For further explanation see Glossary of Terms and Elementary and Secondary Education Act of 1965, as amended by Every Student Succeeds Act of 2015, 20 U.S.C. sections 6301 et seq., (Public Law 114-95, title 1, section 1111(h)(1)(C)(viii)(I), 129 STAT. 1802

For the students who brought firearms to school reflected in row (e) above, report the disciplinary action imposed in rows (f) through (l) below.

Disciplinary Action	Number of	
	General Education Students	Students with Disabilities
Suspended for one year and were provided instruction		
Suspended for one year and were not provided instruction		
Suspended for less than a year and were provided instruction		
Suspended for less than a year and were not provided instruction		
Received no instruction because student was removed for other reasons, such as death, withdrawal, or incarceration		
Received a different disciplinary action		
Received no disciplinary action		

Indicate whether, in this incident, the person was a victim of a violent criminal offense:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate whether the victim of this violent criminal offense requested to transfer to another school in the district:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate whether the victim of this violent criminal offense accepted the transfer to another school in the district:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate whether a police or other safety resource officer was present:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate whether this incident resulted in a school-related arrest:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate if this incident was verified, through an investigation, by a school administrator, DASA coordinator, etc.:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Explain the reason that the incident must be reported on the SSEC Summary Data Collection Form.

Report prepared by _____
Date _____

Retain this form in the school.

These reports are to be kept at the school until the youngest person involved in the incident is 27 years old²
(Do not send to SED)

² Records Retention and Disposition Schedule ED-1
PART 6. Individual Incident Report (IIR) Form
Updated July 2021