

**GERMANTOWN CENTRAL SCHOOL DISTRICT
DIGNITY FOR ALL STUDENTS ACT (DASA)
INCIDENT REPORTING FORM
CONFIDENTIAL STUDENT/PARENT/STAFF REPORT**

Person(s) Filing Complaint: _____

Date Report Filed: _____ **Date/Time of Incident:** _____

Name/Grade of Victim(s): _____

Name/Grade of Offender(s): _____

Check all of the behaviors that the Victim(s) has/have experienced:

- | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Pushing | <input type="checkbox"/> Tripping | <input type="checkbox"/> Hitting |
| <input type="checkbox"/> Punching | <input type="checkbox"/> Slapping | <input type="checkbox"/> Kicking |
| <input type="checkbox"/> Pinching | <input type="checkbox"/> Grabbing | <input type="checkbox"/> Spitting |

- | | | |
|--|---|--|
| <input type="checkbox"/> Hurtful Teasing | <input type="checkbox"/> Name Calling | <input type="checkbox"/> Insulting Remarks |
| <input type="checkbox"/> Spreading Rumors/Lies | <input type="checkbox"/> Sending Hate Notes | <input type="checkbox"/> Hurtful Graffiti |
| <input type="checkbox"/> Socially Rejecting | <input type="checkbox"/> Threats | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Intimidation | <input type="checkbox"/> Cyber bullying | <input type="checkbox"/> Other _____ |

Add a brief description of the incident (including the date, time and place of the behavior(s)). Use an additional page if necessary: _____

**The behavior(s) are suspected of being based upon the following characteristics
(actual or perceived) of the target (check all that apply):**

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Gender | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Ethnic Group |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Disability | <input type="checkbox"/> None of the Above | <input type="checkbox"/> Other _____ |

Possible Witness(es): _____

Location: _____

Signature of Person Filing Report: _____

Best Form of Contact (Phone/Email Address): _____

**GERMANTOWN CENTRAL SCHOOL DISTRICT
DIGNITY FOR ALL STUDENTS ACT (DASA)**

CONFIDENTIAL ADMINISTRATOR/COORDINATOR REPORTING FORM

Investigation of Allegations

Persons interviewed (attach statements or notes, if applicable):

- | | |
|----------------|-------------|
| 1. Name: _____ | Date: _____ |
| 2. Name: _____ | Date: _____ |
| 3. Name: _____ | Date: _____ |

Parent(s) of VICTIM contacted by: _____ Date: _____ Time: _____

Parent(s) of OFFENDER contacted by: _____ Date: _____ Time: _____

Interventions/Follow-Up Activities

- Disciplinary Referral Completed
- Counseling Provided to Victim
- Counseling Provided to Offender

Education/Intervention Responses:

Conclusions

- I find that the VICTIM was the target of harassment, bullying or discrimination.
- I find insufficient evidence to conclude that the victim was the target of harassment, bullying or discrimination.
- Due to the victim's (and or victim's family), lack of cooperation in the investigation, I do not have sufficient evidence upon which to find that harassment, bullying or discrimination occurred.

Additional Comments:

Signature of Administrator: _____ Date: _____