

# COHOES CITY SCHOOL DISTRICT

## DIGNITY FOR ALL STUDENTS (DASA) INCIDENT REPORT FORM

The purpose of this form is to inform the district of an incident or series of incidents of bullying, harassment and/or discrimination so we can investigate and take appropriate steps. If you are a student that feels unsafe, or the parent of a child that feels that way, fill out this form and speak directly with the Dignity for All Students Coordinator in your building as soon as possible so we can address your concerns. Contact information may be obtained via our district website.

Student's Name	<input type="text"/>	Date/Time of Incident	<input type="text"/>
Grade	<input type="text"/>	Location of Incident	<input type="text"/>
School	<input type="text"/>		

Describe the Incident(s)

List the name(s) of the individuals accused of bullying, harassment and/or discrimination

Were there any witnesses?  Yes  No

If yes, list the names of the individual(s)

*I certify that all statements on this form are accurate and true to the best of my knowledge.*

Your Name  Date/Time Filed

Please attach any supporting documentation (i.e. copies of emails, notes, photos, etc.).  
Return this form to: Dignity for All Students Coordinator in your building  
Note of confidentiality: In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s).

To be completed by DASA Coordinator

Administrative Action

Category of discrimination/harassment

- |  |                                     |   |                                 |
|--|-------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Color      | <input type="checkbox"/> Gender             | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Ethnic Group    | <input type="checkbox"/> Religion   | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Other  |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability | <input type="checkbox"/> Sex                |                                 |

Administrator  Date/Time Filed