

# PEARL RIVER SCHOOL DISTRICT

135 WEST CROOKED HILL ROAD, PEARL RIVER, NEW YORK 10965

PR High School    PR Middle School    Evans Park Elementary    Lincoln Avenue Elementary    Franklin Avenue Elementary

## DASA - Dignity for All Students Act

The Pearl River School District Code of Conduct, in accordance with DASA, specifically prohibits, discrimination, harassment, bullying, taunting, hurtful teasing, and cyberbullying, that negatively impacts the ability of a student to focus on school work and participate in school activities based on the following characteristics: race; color; weight; national origin; ethnic group, religion, religious practice; disability; sex; sexual orientation; gender identity and expression; or socio-economic status.

### Incident Reporting Form

**Directions:** Harassment, hazing, cyberbullying, or bullying are serious and *will not be tolerated*. Please use this form to report alleged **student** harassment, hazing, cyberbullying or bullying that occurred on school property, at a school sponsored activity or event, on a school bus, or on the way to and/or from school. **Any person** (student, parent/caregiver, community member, faculty/staff member, etc.) **observing, or a student who is the target** of bullying, hazing, harassment or perceived bullying, hazing, harassment activity **reports the incident. Please complete and return this form to the principal, assistant principal, or DASA Coordinator at the student's school.** Contact the school for additional information or assistance.

\*This report may be completed anonymously, but doing so may limit the follow up that can occur.

#### PERSON REPORTING INCIDENT\* (PLEASE PRINT)

Name: \_\_\_\_\_ Telephone/Email Address: \_\_\_\_\_

Relationship to Target: \_\_\_\_\_ Did you witness the incident? \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date(s) of Incident: \_\_\_\_\_ Time(s) of Incident: \_\_\_\_\_

Was an adult informed at the time of the incident?  Yes  No. If yes, please list the names of the individual(s). \_\_\_\_\_

Name of alleged target: \_\_\_\_\_

School (if known) \_\_\_\_\_ Grade/Age: \_\_\_\_\_

Name(s) of alleged offender(s) (if known):	Grade	School
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Name(s) of possible witness(es):	Grade	School
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Where did the incident happen? Choose all that apply:

- Classroom                       Playground/Recess                       Field Trip                       Cafeteria  
 Library                               Hallway                               On the way to/from school  
 Electronically/Cyberspace                       Athletic Event                       Other: \_\_\_\_\_

Description of Incident

What did the alleged offender(s) say or do? Explain in the space provided below.

Is this the first time:                       Yes                       No

If not, what happened previously?

\_\_\_\_\_

Did a physical injury result from this incident?

- No                       Yes (no medical attention needed)                       Yes (medical attention needed)  
 Evaluation by school nurse                       Other medical intervention (please specify)\_\_\_\_\_

Is there any additional information you would like to provide? Explain in the space provided below.

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

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*This report may be completed anonymously, but doing so may limit the follow up that can occur.

**Please complete and return this form to the principal, assistant principal, or DASA Coordinator at the student's school.**

**Please do NOT type/write below this line:**

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Report received:

Confidential copies sent to:

Student Code of Conduct Violation occurred:                       YES                       NO

Follow up actions planned and outcomes, including staff member responsible for each action: