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Secondary Principal

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Cincinnatus Central School
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DASA Complaint/Information Form
Cincinnatus Central School
2020-2021 School Year

Cincinnatus Central School District is committed to providing a safe, supportive environment free from harassment, bullying, and discrimination for all students. The District encourages the involvement of staff, students, parents, and community members in the implementation and reinforcement of the Dignity for All Students Act ("DASA").

If you believe you, or someone else, has been the target of harassment, bullying, cyber-bullying, and/or discrimination, please use this form to report all allegations.

School and district personnel witnessing an incident or receiving a report of an incident must complete and submit this written report within two (2) school days. *NOTE: School and district personnel must also orally notify the principal, superintendent, or their designee no later than one school day after witnessing or receiving a report of an incident.*

All complaints will be treated in a confidential manner. Anonymous reports may limit the district's ability to respond to the complaint. A prompt and thorough investigation will be conducted for all incident reports.

Please complete this form and return it to a school building principal.

I. To be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident)

School:_____ **Principal:**_____

Today's Date:_____ **Name of person reporting:**_____

Role of person reporting incident *(Check one)*

___ Student target ___ Student (Witness) ___Parent/Guardian ___Staff ___ Other

Phone:_____ Email:_____

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

_____

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

Date(s) and time(s) of incident(s): _____

What was your involvement in the incident? (Check one)

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

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

___ On school property	___ Cafeteria	___ On a school bus
___ Classroom	___ Gym	___ Off school property
___ Hallway	___ Locker Room	___ Electronic Communication
___ Bathroom	___ At a school function	___ Other: _____

Type of incident (Check all that apply)

___ Kicking, punching, spitting, tripping, pushing, taking belongings

___ Gossip, name-calling, put-downs, teasing, being mean, taunting, making threats

___ Non-verbal actions, spreading rumors, social exclusion, intimidation

___ Actions or statements that put an individual in fear of bodily harm

___ Misusing technology/social media to harass, tease, threaten, post pictures, sexting

___ Other: _____

Who was involved in the incident?

___ Student ___ Employee ___ Both student and employee

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, social media posts, emails, etc. if possible.** *(Add extra pages if needed)*

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

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

___ Race ___ Religion ___ Sex

___ Color ___ Religious Practice ___ Other: _____

___ Weight/Size ___ Disability

___ National Origin ___ Sexual Orientation

___ Ethnic Group ___ Gender

Names 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_____

Does the situation continue to occur? ___ Yes ___ No

What do you think should be done about this situation?

(You can contact the school principal, counselor, or other staff member (whoever you are most comfortable with) for information and/or assistance at any time.

FOR SCHOOL LEADERS OR DESIGNEE ONLY

II. The following section is for documenting the school's investigation to be completed by the school principal and/or designee

Results of the investigation (include summary of information gathered from interviews):

Did the investigation verify that a material incident of bullying, harassment, and/or discrimination occurred? ___ Yes ___ No

If no, why?

Description of plan to eliminate bullying and reduce the hostile environment:

Contact with parents/guardians of target – Date and Time: _____

Contact with parents/guardians of aggressor – Date and Time: _____

Contact with law enforcement – Date and Time: _____

Results:

Remediation: *(Check all that apply)*

___ Education

___ Counseling

___ Disciplinary *(Code of Conduct application)* _____

___ Restorative Justice or other program *(Describe)*_____

___ Law Enforcement

___ Other *(Describe)* _____

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

___ Students ___ Administration ___ Parents ___ Staff ___ Other _____

Follow up review of plan (is plan working?) in ____ weeks

Target's response to plan to determine effectiveness:

Additional plan revisions and comments, if needed: