

## DASA Incident Reporting Form

Albany Leadership Charter High School for Girls is committed to providing a safe, supportive environment free from harassment, bullying and discrimination for all students. Albany Leadership Charter High School for Girls 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/ 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/ 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:

**Mr. Michael Arno, School & Community Safety Coordinator**  
**marno@albanyleadershiphigh.org**  
**(518) 694-5300 ext. 110**

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

**Name of person reporting incident:** \_\_\_\_\_

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

**Role of person reporting incident (Check one)**

- 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(s) and time(s) 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)**

<i>On School Property</i>	<i>Cafeteria</i>	<i>On a School Bus</i>
<i>Classroom</i>	<i>Gym</i>	<i>Off School Property</i>
<i>Hallway</i>	<i>Locker Room</i>	<i>Electronic Communication</i>
<i>Bathroom</i>	<i>At a School Function</i>	<i>Other (describe):</i>

**Type of incident (Check all that apply)**

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

**Who was involved in the incident?**

- Student
- Staff member
- Both student and staff member

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

Race	Religion	Sex	Disability
Color	Weight/ size	Religious practice	National origin
Sexual orientation	Ethnic group	Gender	Other:

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

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

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**Names of others who may have witnessed the incident:** \_\_\_\_\_

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

- No
- Yes

Number of days student was absent: \_\_\_\_\_

**Are there observable changes in the target student's behavior?** *(Check all that apply)*

- Grades
- Depression/ withdrawal
- Antisocial behavior
- Self-destructive behavior
- Self-esteem concerns
- Changes in social interactions
- Other: \_\_\_\_\_

**Does the situation continue to occur?**

- Yes
- No

**What do you think should be done about the situation?**

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**Actions Taken**

What actions were taken in response to the incident described above (check all that apply)?

<input type="checkbox"/> Meeting with principal/ administrator	<input type="checkbox"/> Meeting with school counselor/ social worker	<input type="checkbox"/> Parent/ guardian called
<input type="checkbox"/> Increased supervision	<input type="checkbox"/> Verbal correction	<input type="checkbox"/> Conflict resolution group
<input type="checkbox"/> Awareness/ sensitivity session	<input type="checkbox"/> Referral to counseling services	<input type="checkbox"/> Community service (with parent permission)
<input type="checkbox"/> Referral to outside programming	<input type="checkbox"/> Afterschool meditation	<input type="checkbox"/> Inability to return to class
<input type="checkbox"/> Loss of extracurricular activities	<input type="checkbox"/> Full day ISS	<input type="checkbox"/> Half day ISS
<input type="checkbox"/> OSS	<input type="checkbox"/> Behavior plan	<input type="checkbox"/> Teacher removal?
<input type="checkbox"/> Notification of law enforcement	<input type="checkbox"/> Other:	<input type="checkbox"/>
<input type="checkbox"/> Prevention or intervention program or strategy, explain:		

**Other previous discriminatory and/or harassing incidents, if any**

Dates: \_\_\_\_\_

Descriptions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_