

**Cincinnatus Central School**

David Phetteplace, Secondary Principal

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Cincinnatus, NY 13040

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DASA Complaint/Information Form

Cincinnatus Central School

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:**