



# Akron Central School District Dignity for All Students Act (DASA)

## Complainant - INCIDENT REPORT FORM – Part 1

To be completed by the person reporting the incident to the DASA Coordinator

<b>Complainant Name:</b>		<b>Date:</b>		
<i>Complainant Contact Information</i>				
	<b>Home and/or Cell Phone:</b>			
	<b>Address:</b>			
	<b>Email:</b>			
	<b>School:</b>			
<b>Target (Victim/s) Name:</b>	<input type="checkbox"/> Student <input type="checkbox"/> Employer <input type="checkbox"/> Other <hr style="width: 100%;"/>	<b>DOB</b>	<b>Sex</b>	<b>Grade</b>
<b>Offender/s Name:</b>	<input type="checkbox"/> Student <input type="checkbox"/> Employer <input type="checkbox"/> Other <hr style="width: 100%;"/>	<b>DOB</b>	<b>Sex</b>	<b>Grade / Position</b>
<b>Offender/s Name:</b>	<input type="checkbox"/> Student <input type="checkbox"/> Employer <input type="checkbox"/> Other <hr style="width: 100%;"/>	<b>DOB</b>	<b>Sex</b>	<b>Grade / Position</b>
<b>Offender/s Name:</b>	<input type="checkbox"/> Student <input type="checkbox"/> Employer <input type="checkbox"/> Other <hr style="width: 100%;"/>	<b>DOB</b>	<b>Sex</b>	<b>Grade / Position</b>
<b>Witness/es Name and Contact Information:</b>				
<b>Dignity Act Coordinator and Contact Information:</b>				

Incident Description of Discriminatory and/or Harassing Behaviors

Type of bias based on the person's actual or perceived (check all that apply)

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

**DIGNITY FOR ALL STUDENTS ACT (DASA)**  
**Complainant - INCIDENT REPORT FORM – Part 1 (continued)**

**Did the incident involve cyberbullying?**     Yes     No

**Description of the Incident:**

**Incident involved (check all that apply)**

- Intimidation or abuse but no verbal threat or physical contact
- Verbal threats but no physical contact
- Physical contact but no verbal threat
- Both verbal threat and physical contact
- Only student offenders

**Location**

- On School Property
- At a school-sponsored function off school grounds
- Off school grounds – Explain:

**Time**

- During Regular School Hours
- Outside of Regular School Hours

*Were there any witnesses?*     Yes     No

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

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