

Dignity For All Students (DASA) Reporting Form
Green Island Union Free School District

Bullying, harassment, intimidation or discrimination are serious and will not be tolerated. This is a form to report alleged bullying, harassment, intimidation or discrimination that occurred on **school property at a school-sponsored activity or event off school property; on a school bus; or on the way to and/or from school**, in the 2025-2026 school year. If you are a student victim, the parent/guardian of a student victim, a close adult relative of a student victim, or a school staff member and wish to report an incident of alleged bullying, harassment or intimidation, complete this form and return it to the DASA Coordinator or Principal at the victim's school. Contact the school for additional information or assistance at any time.

Bullying, harassment, intimidation or discrimination means intentional conduct, including verbal, physical, or written conduct or an intentional electronic communication that creates a hostile educational environment by substantially interfering with a student's educational benefits, opportunities, or performance, or with a student's physical or psychological well-being and is:

- Motivated by an actual or a perceived personal characteristic including race, national origin, marital status, sex, sexual orientation, gender identity, religion, ancestry, physical attributes, socio economic status, familial status, or physical or mental ability or disability; or,
- Threatening or seriously intimidating; and,
- Occurs on school property, at a school activity or event, or on a school bus; or,
- Substantially disrupts the orderly operation of a school.

"Electronic communication" means a communication transmitted by means of an electronic device, including a telephone, cellular phone, computer (i.e. Facebook or any other social networking sites).

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Green Island Union Free School District

Today's Date	
Name of student victim(s)	
Grade	
On what date(s) did the incident happen?	
Person Reporting Incident	
Check the appropriate box	<input type="checkbox"/> Student <input type="checkbox"/> Student (witness/bystander) <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Close adult relative <input type="checkbox"/> School Staff Member

Name(Alleged offenders(s))	Age	School	Is he/she a student?

Where did the incident happen?	<input type="checkbox"/> On School Property <input type="checkbox"/> On the way to/from school <input type="checkbox"/> At a school-sponsored activity or event off school property <input type="checkbox"/> Off school grounds or outside school hours
Check the statement(s) that best describes what happened	<input type="checkbox"/> Physical contact: (actions or statements that put an individual in fear of bodily harm) (kicking, punching, spitting, tripping, pushing, taking belongings) <input type="checkbox"/> Getting another person to hit or harm the student <input type="checkbox"/> Verbal threats: Teasing, name-calling, making critical remarks, or threatening, in person or by other means <input type="checkbox"/> Psychological: Excluding or rejecting the student <input type="checkbox"/> Psychological/Verbal threats: Making rude and/or threatening gestures <input type="checkbox"/> Psychological: Spreading harmful rumors or gossip <input type="checkbox"/> Psychological: Intimidating (bullying), extorting, or exploiting <input type="checkbox"/> Cyberbullying : misusing technology/social media to harass, tease, threaten, post pictures (sexting)
What did the alleged	

offender(s) say or do?	
Why did the bullying, harassment or intimidation occur? (Check all that apply)	<input type="checkbox"/> Verbal Bullying <input type="checkbox"/> Social/Relational Bullying <input type="checkbox"/> Hazing <input type="checkbox"/> Physical Bullying <input type="checkbox"/> Cyber Bullying <input type="checkbox"/> Harassment <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Other _____
Did a physical injury result from this incident? (Indicate one of the following):	<input type="checkbox"/> No <input type="checkbox"/> Yes, but it did not require medical attention <input type="checkbox"/> Yes, and it required medical attention
If there was a physical injury, do you think there will be permanent effects?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Was the student victim absent from school as a result of the incident?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many days was the student victim absent from school as a result of the incident? _____
Did a psychological injury result from this incident? (Indicate one of the following)	<input type="checkbox"/> No <input type="checkbox"/> Yes, but psychological services <u>have not</u> been sought <input type="checkbox"/> Yes, psychological services <u>have been</u> sought
The reported alleged incident involved the following: (Check all that apply):	<input type="checkbox"/> Race <input type="checkbox"/> Ethnic group <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Gender <input type="checkbox"/> Weight <input type="checkbox"/> Sex <input type="checkbox"/> Religious Practice <input type="checkbox"/> National Origin <input type="checkbox"/> Disability
Does this situation continue to occur	<input type="checkbox"/> No <input type="checkbox"/> Yes

Stephanie Bouchey

Signature

Date