

**Watertown City School District
DASA Reporting Form**

Watertown City School District is committed to providing a safe and 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, cyberbullying, and/or discrimination, please complete this form or the electronic form located on our web site (www.watertowncsd.org) to report all allegations.

District personnel witnessing an incident or receiving a report of an incident must complete and submit this written report within two (2) days. *NOTE: 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 handled 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.

School District:

School Building: [Click here to enter text.](#)

Today's Date:

Name of Person Reporting Incident:

Contact Information (Phone Number and E-mail Address):

Role of Person Reporting Incident

- Student Target
- Student Witness
- Parent/Guardian
- Staff Member
- Other: _____

Name of Target (person being bullied, harassed, or discriminated against):

Name of Alleged Offender(s):

Date(s)/Time(s) of Incidents:

Other Possible Witness(es):

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?

- Off school property
- On a school bus
- Electronic Communication (cell phone, social media, etc.)
- Classroom
- Hallway
- Bathroom
- Locker Room
- Cafeteria
- Gymnasium

Characteristics (actual or perceived) of the Targeted Student (Check those that apply)

- Race
- Weight
- Sexual Orientation
- Color
- Gender
- Religion
- National Origin
- Gender Identity/Expression
- Religious Practice
- Ethnic Group
- Disability
- Other (Describe)

What were the behaviors observed? Please include the date, time, name of person, and place where behaviors were observed.

Specific Behaviors Observed: (Check those that apply):

- Teasing
- Pushing, Kicking, Hitting
- Tripping, pinching, spitting,
- Threats
- Restraining movement
- Stalking
- Social exclusion
- Spitting
- Name calling
- Spreading rumors
- Intimidation
- Negative facial gestures
- Publicized negative information to others
- Negative communications
- Stealing
- Insults
- Graffiti
- Other (List): _____

Provide a detailed description of the incident(s) reported including a statement of how and when you first became aware of them. Please provide any written information you have to support the allegations (i.e., written statements, medical reports, e-mails etc.) Please use a separate sheet if necessary.

What actions, if any, were taken in response to incident described above?

What observable changes have you seen in the student since the time the reported incident(s) occurred: (i.e. attendance, grades, social engagement, feelings about self and others, antisocial behaviors, self destructive behaviors, withdrawal, depression, etc.) (Please provide documents and consent for any medical reports relating to this statement.)

Does the situation continue to occur?

- Yes
- No