



Otsego Northern Catskill BOCES

This form is to be submitted to the school's DASA Coordinator.

Kevin Stevens, OAOC DASA Coordinator

Phone (607)286-7715, ext. 3101 Fax (607)286-9603

Christopher Fatta, NCOC DASA Coordinator

Phone (607)588-6291, ext.1204 Fax (607)588-6808

Dignity for All Students Act (DASA) Incident Report Form

Part I: Initial Report

to be completed by person taking the initial report

Date and time of incident: _____

Person completing this form: _____

Person making the initial report: _____

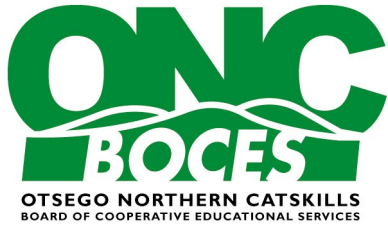
Detailed description of the incident, including names of everyone involved:

Part II: Actions taken:

to be filled out by the Dignity Act Coordinator and Administrator

Person handling incident response: _____

Detailed description of the evidence gathered in the investigation:



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This incident is categorized as:

_____ Verbal Harassment/Intimidation _____ Physical Harassment/Intimidation

_____ Social/Relational Harassment/Intimidation _____ Sexual Harassment/Intimidation

_____ Cyberbullying

_____ Other (describe): _____

_____ Unfounded at this time

Action(s) taken:

_____ Referral to Administrator for Disciplinary Action (describe): _____

_____ Parent(s) contacted (describe): _____

_____ Actions to prevent future incidents (describe): _____

Date the investigation and actions were concluded: _____

Dignity Act Officer Signature: _____