

GENESEE VALLEY CENTRAL SCHOOL DASA REPORTING FORM

To be completed by the person reporting the incident (or the person receiving the complaint). Submit to the Dignity Act Coordinator (DAC) Paula Mighells. You may contact the DAC, another school administrator, a school counselor, or other staff member (whomever you are most comfortable with) for information or assistance at any time.

Name of Person/s Reporting Incident: _____

Address of Person Reporting Incident: _____

Phone Number of Person Reporting Incident: _____

Date Report Is Submitted: _____

Date and Time of Incident: _____

Location of Incident: _____

Role of Person Reporting Incident (check all that apply):

_____ an employee holding the position of _____

_____ a student in grade _____

_____ a parent or community member

_____ other (please specify your relationship/association to the district)

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

Name of Alleged Offender/s (person/s who does the bullying, harassing or discriminating):

Name of Witnesses and/or Bystanders (persons who saw/heard the incident when it happened):
