

West Buffalo Charter School
DASA Incident Reporting Form

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- West Buffalo Charter School is committed to providing a safe, supportive environment free from harassment, bullying and discrimination for *all* students. WBCS 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, cyber-bullying, and/or discrimination, please use this form to report all allegations.
- School/district personnel witnessing an incident or receiving a report of an incident must complete and submit this written report within two (2) school days. NOTE: School/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 treated in a confidential manner. Anonymous reports may limit the school's ability to respond to the complaint. A prompt and thorough investigation will be conducted for all incident reports.

Please complete this form and return it to a school administrator or Dignity Act Coordinator.

| | |
|---|--|
| Today's Date | |
| Name of person reporting incident | |
| Name of target: (student being bullied, harassed, or discriminated against) | |
| Name of alleged offender(s) | |
| Dates/Times of incident(s) | |

What was your involvement in the incident?

- I was directly involved in the incident I heard about the incident from _____
- I observed the incident

Where did the incident happen?

- On school property Specific location? _____
- On the school bus Bus #: _____
- Off school property Specific location? _____
- Other (describe): _____

Type of incident (check all that apply)

- Physical contact Psychological Cyberbullying
- Verbal threats Abuse Other (describe):

Who was involved in the incident?

- Student Employee Both student and employee

Describe the specific nature of the incident/ What happened? (Be as specific as possible). What did the alleged offender say or do?

Were there any adults present in the area when this happened, what did they do?

Types of bias involved (if known): (Check all that apply)

- Race Ethnic Group Gender
- Color Religion Sex
- Weight/size Disability Other (describe)
- National Origin Sexual Orientation

Names of others who may have witnessed the incident: _____

Was the student absent from school as a result of the incident? YES NO

For School Leaders or Designee Only

The following section is for documenting the school's investigation to be completed by the school leader and/or designee (i.e. Dignity Act Coordinator)

| | |
|--|---|
| Results of the investigation- Attach interview notes | |
| Did the investigation verify that a material incident of bullying, harassment, and/or discrimination occurred? | <input type="checkbox"/> YES <input type="checkbox"/> NO If No, Why? |
| Description of plan to eliminate bullying and reduce the hostile environment | |

| Contact: | Who | Date/Time | Results |
|--|------------|------------------|----------------|
| Contact with parents/guardians of target: | | | |
| Contact with parents/guardians of aggressor(s) | | | |
| Contact with law enforcement | | | |

Remediation: (Check all that apply)

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Disciplinary _____ | |

Who needs to be informed about the plan: (Check all that apply)

- | | | |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Students | <input type="checkbox"/> Parents | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Administration | <input type="checkbox"/> School Staff | |

| | |
|--|--------------|
| Follow up review of plan to determine if it is working on | Date: |
| Target's response to plan to determine effectiveness: | |
| Additional plan revisions and comments: | |

Individual Incident Report (IIR) Form

Education Law §2802 and the Commissioner's regulation 100.2 (gg) require schools to report all violent or disruptive incidents that occur during the school year and summer months, between July 1 and June 30, including when summer school is in session. It is expected that schools collect the required information (below), electronically or in paper form, using a format such as the Individual Incident Report (IIR). The format should be the basis for the submission of the annual School Safety and the Educational Climate (SSEC) Summary Data Collection Form. Do not send copies of IIR forms to SED.

Category of Incident (Check any that apply):

| | | | |
|--|--|--|--|
| 1. Homicide | | 5a. Materials Incidents of Discrimination, Harassment, and Bullying (all excluding Cyberbullying) | |
| 2a. Forcible Sex Offenses | | 5b. Cyberbullying | |
| 2b. Other Sex Offenses | | 6. Bomb Threat | |
| 3a. Assault-Physical Injury | | 7. False Alarm | |
| 3b. Assault-Serious Physical Injury | | 8. Use, Possession, or Sale of Drugs | |
| 4a. Weapons Possession: Routine Security Checks | | 9. Use, Possession, or Sale of Alcohol | |
| 4b. Weapons Possession: Other | | | |

Incident was biased related (Check any that apply):

| | | | |
|---|---|--|------------------------------------|
| c) Race <input type="checkbox"/> | f) Color <input type="checkbox"/> | i) Disability <input type="checkbox"/> | l) Sex <input type="checkbox"/> |
| d) Ethnic Group <input type="checkbox"/> | g) Religion <input type="checkbox"/> | j) Gender <input type="checkbox"/> | m) Weight <input type="checkbox"/> |
| e) National Origin <input type="checkbox"/> | h) Religious Practices <input type="checkbox"/> | k) Sexual orientation <input type="checkbox"/> | n) Other <input type="checkbox"/> |

Incident was: (Check if applies)

___ (o) Gang or group-related

___ (q3) Other Weapons

If the incident involved the use of one or more weapons, indicate the number of weapons, by weapon type used, listed below:

___ (q1) Firearms

___ (q2) Knives

Incident was: (Check any that apply)

___ (r) Involving Alcohol

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___ (s) Involving Dru

The location/time of the incident: (Check any that apply)

___ (t) On School Property

___ (u) At School function off grounds

___ (v) Off School Property

___ (w) On School transportation

___ (x) During regular school hours

___ (y) Before/After school hours

___ (x) During regular school hours

Identify the grade and age if the target/victim was student:

| Student Target/Victim | Grade/Age |
|-----------------------|-----------|
| #1 | |
| #2 | |
| #3 | |

Indicate the number and types of targets/victims: (for any that apply)

- ____ (z) student
 ____ (aa) staff
 ____ (bb) other

Indicate the number and types of offenders: (for any that apply)

- ____ (cc) student
 ____ (dd) staff
 ____ (ee) other

Report the age and grade of student offender(s) and indicate the duration (length of assignment) of discipline or referral action: (Check any that apply)

Student Offender: Age ____ Grade ____ (duplicate any necessary)

| | | | |
|--|---|---|--|
| ff) Counseling or Treatment Programs <input type="checkbox"/> Duration: | gg) Teacher Removal <input type="checkbox"/> Duration: | hh) In School Suspension <input type="checkbox"/> Duration: | ii) Out of school suspension <input type="checkbox"/> Duration: |
| jj) Involuntary transfer to an Alternative Placement <input type="checkbox"/> | kk) Community Service <input type="checkbox"/> Duration: | ll) Juvenile Justice or Criminal Justice System <input type="checkbox"/> | mm) Law Enforcement <input type="checkbox"/> |

Report the disciplinary or referral actions taken against staff or "other" offenders, such as being reported to law enforcement, etc. (duplicate if necessary)

| Offender | Disciplinary Action | Referral Action | Other |
|----------|---------------------|-----------------|-------|
| | | | |

Report the number of student offenders involving each of the following weapons:

| Weapon | Number of | |
|---------------------------------------|----------------------------|----------------------------|
| | General Education Students | Students with Disabilities |
| Handgun | | |
| Rifle or Shotgun | | |
| Other | | |
| Multiple (Use of more than one above) | | |
| Total | | |

For the students who brought firearms to school reflected in row (e) above, report the disciplinary action imposed in rows (f) through (l) below.

| Disciplinary Action | Number of | |
|--|----------------------------|----------------------------|
| | General Education Students | Students with Disabilities |
| Suspended for one year and were provided instruction | | |
| Suspended for one year and were not provided instruction | | |
| Suspended for less than a year and were provided instruction | | |
| Suspended for less than a year and were not provided instruction | | |
| Received no instruction because student was removed for other reasons, such as death, withdrawal, or incarceration | | |
| Received a different disciplinary action | | |
| Received no disciplinary action | | |

- Indicate whether, in this incident, the person was a victim of a violent criminal offense: yes no
- Indicate whether the victim of this violent criminal offense requested to transfer to another school in the district: yes no
- Indicate whether the victim of this violent criminal offense accepted the transfer to another school in the district: yes no
- Indicate whether a police or other safety resource officer was present: yes no
- Indicate whether this incident resulted in a school-related arrest: yes no
- Indicate if this incident was verified, through an investigation, by a school administrator, DASA coordinator, etc.: yes no

Provide a detailed description of the investigation that substantiates that the incident must be reported on the SSEC.

Report prepared by _____ Date _____

Retain this form in the school. These reports are to be kept at the school until the youngest person involved in the incident is 27 years old (Do not send to SED)

