

Dignity for All Students Act
Investigation Report and Summary of Findings

Investigator: _____ Date Complaint Received: _____
Position/Title: _____ Date Investigation Concluded: _____
District DASA Investigation Reference _____

Information about the Incident/Complaint

Name of Complainant(s): _____

Name of alleged Aggressor(s) _____

Who made the complaint? _____

Relationship to Complainant:

Student Staff Member Parent Administrator Other _____

Contact information for Person making this complaint:

Phone: _____ E-mail: _____

Date of Incident(s): _____ **Time of Incident(s)** _____

If multiple dates and times, list all.

What was your involvement in the incident?

I was directly involved I saw/observed the incident I heard about the incident

Location of Incident: (check all that apply- identify specific location if possible)

Classroom _____ Hallway/Stairs _____ Restroom _____

Playground _____ Locker Room _____ Cafeteria _____

Gymnasium _____ Office _____ Health Office _____

Athletic Field _____ Parking Lot _____ Field Trip _____

School Sponsored Event _____ Other: _____

School Bus on the way to school on the way home from school

Internet _____ Electronic Communication(text/IM/Phone/etc.) _____

Type of Incident (check all that apply)

What was your involvement in the incident?

Physical Contact (kicking, punching, spitting, tripping, pushing, taking belongings, hitting, etc.)

Verbal threats (gossip, name-calling, put-downs, teasing, taunting, threatening, etc.)

Psychological (non-verbal actions (gestures, notes of threat), spreading rumors, social exclusion, intimidation, etc.)

Abuse (actions or statements that put an individual in fear of bodily harm)

Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures, sexting, etc.)

Other (describe): _____

Who was involved in the incident?

Student Employee Both student and employee Visitor/Guest to School

INTERIM MEASURES or SUPPORT PLAN

To address any issues/concerns of the Complainant pending completion of investigation

District DASA Investigation Reference: _____

Complainant's identified concerns pending outcome of Investigation- identify any which apply:

- None
- Fear of harm to self Fear of retribution or isolation by peers
- Loss of Educational Opportunities (describe/identify) _____

- Other _____

Recommended Interim Measures/supports for Complainant (check all that apply)

Safety Plan Offered (describe): _____

Accepted? Yes No Notes/Comments? _____

Counseling offered _____

Accepted? Yes No Notes/Comments? _____

Refer to Community Support Service _____

Instruction Support-
(what classes? Why?) _____

Offered? Yes No
Accepted? Yes No Notes/Comments? _____

Other _____

Offered? Yes No
Accepted? Yes No Notes/Comments? _____

Who needs to be informed of any interim measures or plan?

Students Administration Staff working with Student Parents Other _____

Frequency of Review of Plan? _____ weeks

Investigation Summary

Investigation began within 3 business days of report? Yes No

If no, please explain: _____

Incident reported to Parents/Guardian of complainant within 48 hours from start of investigation? Yes No By whom? _____

Date/Time of notification: _____ Method of Notice _____

Incident reported to Parents/Guardian of alleged offender within 48 hours start of investigation? Yes No By whom? _____

Date/Time of notification: _____ Method of Notice: _____

Actions were Taken to Investigate this Complaint (check all that apply)

- Interview alleged Complainant Interview alleged Offender
- Interview alleged Target's Parent(s) Interview alleged Offender's Parent(s)
- Interview Witness(es) Collect witness statements in writing
- Review discipline report/write up Review bus incident report/write up
- Review evidence (describe) _____
- Reviewed video (date/time/location) _____
 - Video saved/preserved as digital file for future reference
- Reviewed Attendance Record Reviewed Health Office File/Reports
- Review Academic Records Review any prior history of related conflict
- Other _____

Interviews Conducted:

Complainant: _____ Interview date: _____ Student Staff Other

(Attach interview statements to investigation report)

Complainant provided a copy of DASA Notice of Rights and Responsibilities

Complainant verbally advised to keep investigation confidential

Complainant verbally advised to report any additional incidents immediately:

Written statement obtained? Yes No

Complainant verbally advised of anti-retaliation provision and to report any concerns:

Alleged Offender: _____ Interview date: _____ Student Staff Other

Date: _____ Manner of Contact: _____

(Attach interview statements to investigation report)

Offender provided a copy of DASA Notice of Rights and Responsibilities

Offender verbally advised to keep investigation confidential

Written statement obtained? Yes No

Offender verbally advised to report any additional incidents immediately:

Offender verbally advised of anti-retaliation provision and to report any concerns:

Action Taken/Remediation:

For Complainant: (identify any supports or remedial measures, if any)

- Continue Counseling Support (recommendation?) _____
- Instruction/Tutoring (duration?) _____
- Alternate means of Credit Recovery _____
- Preferential Scheduling (explain) _____
- Counselor/Guidance Pass to access Counseling Support when needed
- Break Card (for in-class break, as needed)
- Alternate transportation or time in halls: _____
- Weekly check-in with staff member (identify who) _____
- Grades/Attendance monitored (duration) _____
- Refer to Community Support Service

Who needs to be notified about the plan?

- Student Administration Parents Relevant Staff Other _____

Frequency of Plan review?

- weekly Every 2 weeks monthly 2 months Other

Additional Plan revisions and comments, if needed: _____

For Offender:

- Loss of Privileges _____
- Education _____
- Counseling _____
- Disciplinary Action _____
- Apology/Recompense _____
- Restorative Justice or Other Program: _____
- Service Learning Project _____
- Law Enforcement Referral : _____
- Other _____

Who needs to be notified about the plan?

- Student Administration Parents Relevant Staff Other _____

DESCRIPTION OF PLAN TO ELIMINATE BULLYING AND REDUCE THE HOSTILE ENVIRONMENT (If material incident of bullying/harassment and/or discrimination occurred)

Contact with Parents/Guardians of Complaint: (date): _____

Contact with Parents/Guardians of Offender: (date): _____

Contact with Law Enforcement: (date): _____

Results (if any):
