DASA Incident Report

Date:	Name of pe	rson re	porting inci	ident:			
Reporters contact	info:						
Role of person rep	orting incident(s	: (chec	ek one)				
□ Student-Target	□ Student-Witn	ess	□ Parent/G	uardian		Member	□ Othe
Name of target: (§	_						
Name(s) of alleged	offender(s):						
Date and time of in	ncident:						
What was report	er's involveme	t in th	e incident?	: (check	one)		
□ Directly in	volved		served the in	ncident	□ Hear	d about the in	ncident
Where did the in	cident take plac	e: (ch	eck all that	t apply)			
□ School property	□ Cafeteria	□ S	School bus	□ Class:	room	□ Gym	
□ Locker room	□ Hallway	□ F	Bathroom	□ Schoo	ol function	□ Off schoo	l property
□ Electronic commun	ication: (texts, socia	l media,	etc.)				
□ Other:							
Type of incident:	(check all that	apply)					
□ Physical contact (kicking, punching	, spittin	g, tripping,	pushing, ta	king belong	gings)	
□ Verbal threats (go	ossip, name-callin	g, put-do	owns, teasin	g, taunting,	making th	reats)	
□ Psychological (no	on-verbal actions,	spreadir	ng rumors, so	ocial exclus	sion, intimi	dation)	
□ Abuse (actions or	statements that p	ıt an inc	dividual in fe	ear of bodil	y harm)		
□ Cyberbullying (m	nisusing technolog	y/social	media to ha	rass, tease,	threaten, p	ost pictures)	
□ Other (describe):							
Who was involve	d in the inciden	t?:					

□ Employee

 \Box Student(s)

☐ Both student and employee

Describe the incid	lent in detail: (can	attach separate re	eport)	
Types of bias involved	ved, if known: (chec	k all that apply)		
□ Race	□ Religion		□ Gender	□ Color
□ Ethnic group	□ Weight/size	□ Disability	□ National origin	□ Sexual orientation
□ Other (describe): _				
	no may have witnesse			
Outcome of incider	nt to this point:			
Does the situation of	continue to occur?:	□ Yes	□ No	