



DASA Report Form

Offender: _____

School filling report: _____

Date/time of incident: _____

Person completing this report: _____

Part I. Basic Information

- Incident occurred (check all the apply):** On school property Off school property
 At school sponsored function off school grounds
 During regular school hours Before or after regular school hours

Location of incident (check one):

- Auditorium Bus Girls bathroom Hallway Playing field
 Boys bathroom Cafeteria Girls locker room Parking Lot Pool
 Boys locker room Classroom Gymnasium Playground Cyber Offense
 Other (specify below) _____

What was your involvement in the incident?

- Directly involved in the incident Observed the incident Heard about the incident

Type of Incident (check all that apply):

- Abuse (actions/statements putting an individual in fear)
 Cyberbullying (misuse of social media to harass, tease, threaten, post pictures (sexting))
 Physical Contact (kicking, punching, spitting, tripping, pushing, taking belongings)
 Psychological (non-verbal actions, spreading rumors, intimidation, social exclusion)
 Verbal Threats (gossip, name-calling, taunting, teasing, put-downs, making threats)
 Other (describe) _____

Part II. DASA

Description of Incident: (detailed as possible, such as who was involved, how it happened. What did the alleged offender say or do).

Person reporting incident: (Last name, first name): _____

Bias(es) of Incident (check all that apply):

<input type="checkbox"/> Actual or perceived race	<input type="checkbox"/> Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Ethnic group
<input type="checkbox"/> Gender	<input type="checkbox"/> National origin	<input type="checkbox"/> Religion	<input type="checkbox"/> Religious practices
<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Weight	<input type="checkbox"/> Other

