

DASA Report Form-

General

Name(Reporter) _____

Date _____

On what date did the incident Happen? _____ **Time**_____

Describe in your own words What Happened? (attach a separate sheet if needed)

Do you feel this was Bullying ? Yes_____ No_____

If you answered Yes to above, what type of bullying was it: (Circle ALL that apply)?

Verbal (words) Physical (hitting) Cyber (internet, text, FB) Other (specify)_____

Sexual in nature_____

List the names of any people (students or adults) who may have witnessed the incident:

Where did the incident(s) happen? (circle all that apply):

Classroom Text/Phone/Internet Off School Property Hallway

Bus Gym Girls Bathroom Pool Locker Room

Bus Stop Cafeteria Boys Bathroom Other(specify)_____

I certify that all statements on this form are accurate and true to the best of my knowledge

Signature of Reporter: _____

Received by (School Official): _____ Date Received: _____