



DASA DISTRICT RECORDING FORM

Name of School: _____ Date: _____

Students Involved: _____ ; _____ ;
_____ ; _____ ;

Report Completed by: _____

Incident reported by:

Student Parent Teacher/Staff Member Other: _____

Interviews Conducted:

Date:

Interviewed by:

Description of alleged harassment/bullying/discrimination incident(s):

Place of incident(s):

- On school property (including school bus)
- Off school grounds but school sponsored event
- Off school grounds

Basis for complaint/grievance:

- Race
- Religion
- Religious Practice
- Sexual Orientation
- Weight
- Ethnic Group
- Disability
- Sex
- National Origin
- Color
- Gender (including identity or expression)
- Intimidation or abuse, but no verbal threat(s) or physical contact
- Other/Not sure (explain) _____

Official Use Only

School action as a result of the findings: Please check all that apply.	
Student Conference:	<input type="checkbox"/>
Parent Contact:	<input type="checkbox"/>
Referred to Administrator:	<input type="checkbox"/>

Official Use Only

Type of Incident: Please check all that apply	
Physical <input type="checkbox"/>	Repeated Behavior <input type="checkbox"/>
Verbal <input type="checkbox"/>	Property Damage <input type="checkbox"/>
Cyber <input type="checkbox"/>	