

DASA INFORMATION:

Definition: Conduct, verbal threats, intimidation, or abuse that reasonably causes or would reasonably be expected to cause a student to fear for their physical safety based on the above criteria, the effect of which unreasonable and substantially interferes with a student's educational performance, opportunities, or benefits.

TODAY'S DATE: _____

PERSON REPORTING INCIDENT: _____

SUMMARY:

Date and Time Reported: _____

Victim(s): _____ Offender(s): _____

Description of Incident(s):

THE INCIDENT OCCURRED _____ ON SCHOOL PROPERTY _____ AT SCHOOL SPONSORED EVENT OFF SCHOOL GROUNDS
THE INCIDENT IS: (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Verbal Bullying | <input type="checkbox"/> Hazing |
| <input type="checkbox"/> Cyber Bullying | <input type="checkbox"/> Social/Relational Bullying |
| <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Physical Bullying | <input type="checkbox"/> Other |

THE INCIDENT:

- | | |
|--|---|
| <input type="checkbox"/> Involved intimidation but no threat or physical contact | <input type="checkbox"/> Involved verbal threat but no physical contact |
| <input type="checkbox"/> Involved physical contact but no verbal threat | <input type="checkbox"/> Involved both verbal threat and physical contact |

THE REPORTED ALLEGED INCIDENT INVOLVED THE FOLLOWING: (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religious Practice |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Weight | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Other |

WAS THE STUDENT ABSENT FROM SCHOOL AS A RESULT OF THE INCIDENT?

_____ YES _____ NO _____ DAYS

ACTIONS TAKEN

- | | |
|---|---|
| <input type="checkbox"/> Investigated | <input type="checkbox"/> Disciplinary/Administrative Action |
| <input type="checkbox"/> Counseling/Social Work | <input type="checkbox"/> Other |

FOUNDED/UNFOUNDED

FOLLOW UP:

MATERIAL INCIDENT?

_____ YES
_____ NO

LETTER SENT: Y/N