

Dignity for All Students Act (DASA) Reporting Form

Today's Date: _____

Date & Time of Incident: _____

Your Name: _____

Location of Incident: _____

Persons Involved:

_____ Complaint Against - victim - Bystander - 504 or IEP

_____ Complaint Against - victim - Bystander - 504 or IEP

_____ Complaint Against - victim - Bystander - 504 or IEP

_____ Complaint Against - victim - Bystander - 504 or IEP

Reporter's Statement:

CHECK APPROPRIATE SECTION

Intimidation or abuse / no verbal threat or physical contact (3a)

Physical contact / No verbal threat (3c)

Verbal threat / no physical contact (3b)

Verbal threat and physical contact (3d)

CIRCLE ALL BIASES THAT APPLY

Race - Color - Weight - National Origin - Ethnic Group - Religion - Religious Practice - Disability
Sexual Orientation - Gender - Sex - Other

Action Date: _____

Action Notes:

Administrator Notes:

Administrator Signature: _____

Date Entered: _____