

Please return completed form to the DASA Coordinator

HARASSMENT, INTIMIDATION, OR BULLYING INCIDENT FORM

Today's Date: _____ Name of School: _____

Person Reporting Incident: ___ Student ___ Parent/Guardian ___ Staff Member ___ Other

Name: _____ Phone Number: _____ Email: _____

On what date(s) did the incident(s) happen? _____

Where did the incident(s) happen? ___ on school property ___ on school bus

___ school sponsored event off school property ___ on the way to/from school ___ Other (specify)

Name of Student Target: _____ Grade: _____

Name of Alleged Offender(s) if known.....Age.....School.....Is he/she a student?

Name of Alleged Witnesses.....Age.....School.....Is he/she a student?

What happened? What did the alleged offender(s) say or do? (Attach a separate sheet if necessary).

I have already talked with the ___ teacher; ___ counselor; ___ site administrator; ___ other (check all that apply).

When and what was the outcome of this contact?

(For office use only) Reviewed by: _____

Date: _____