



# MUFSD DASA Incident Reporting Form

**Directions:** This form is to be completed by a DASA complainant. The complainant must review and affirm the accuracy of the information recorded on this form.

**Student(s) Targeted:** Please indicate the name of student(s) who were targeted in this incident.

**School of Student(s):**

**Grade of Student(s) Targeted:**

**Name(s) of Alleged Offenders:** Please indicate the name(s) of the student(s) who were involved in the alleged violation.

**What is the basis of the actual or perceived bullying, harassment or discrimination?**

- |  |   |
|--|---|
| <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 _____        |

**Name(s) of Witnesses:**

**Date of Incident:**

**Location of Incident:**

**Describe the incident(s) that you believe violated Mamaroneck's Dignity for All Student Act Policy:**

**If you reported this incident to anyone, please list their name(s) here:**

**Your Name:**

**Your relationship to  
the targeted student:**

**Email Address:**

**Telephone Number:**

**Affirmation: \***

- By submitting this form, I affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.