

MOUNT PLEASANT CENTRAL SCHOOL DISTRICT

DASA INCIDENT REPORT FORM

Name of Alleged Target(s):			School Attended by Alleged Target(s):		
Name of Alleged Aggressor(s) Committing Harassment, Bullying and/or Discrimination:			School Attended by Alleged Aggressor(s):		
Mark all boxes below in which the actual/perceived characteristic was/may have been a motivating factor in the alleged incident:					
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Ethnic Group	<input type="checkbox"/> Religion	<input type="checkbox"/> Religious Practice
<input type="checkbox"/> Weight	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender	<input type="checkbox"/> Sex	<input type="checkbox"/> Other (below)
Other actual or perceived characteristics:					
How did you learn that a student(s) may have been the victim of harassment, bullying and/or discrimination? Mark the appropriate box:					
<input type="checkbox"/> Witnessed Incident			<input type="checkbox"/> Informed by another person(s). Name of the other person(s):		
<input type="checkbox"/> Informed by Alleged Target(s)					
List below any person who you know or have reason to believe may have information regarding this matter. Please list if they are a student, staff member, parent, or other (Ex: John Doe, teacher):					
What was the location and time of the alleged harassment, bullying and/or discrimination incident?					
Location of alleged incident on school property or off school property (if it risks disrupting the school environment):			Date/time of alleged incident:		
Describe the nature of the alleged harassment, bullying and/or discrimination incident:					
What impact do you believe was, may have been or will be caused by the alleged incident? Check all that apply.					
<input type="checkbox"/> Interference with Educational Performance, Opportunities or Benefits		<input type="checkbox"/> Interference with Mental, Emotional or Physical Well-Being or Safety		<input type="checkbox"/> Other (below)	
Other impact caused by the alleged incident:					
Please note you may choose to submit this report anonymously.					
Print Name of Person Reporting:		Signature:		Date:	

Return this form to your school's Dignity Act Coordinator in the Main Office.