

## **Jasper-Troupsburg CSD DASA Incident Reporting Form**

This form is to be used by any Jasper-Troupsburg CSD staff member, student, or parent/guardian who witnesses or is informed of harassment, bullying, or discrimination under NYS Education Law §10-18.

Date of Report: \_\_\_\_\_

Name of Reporter (optional for students): \_\_\_\_\_

Role (Student / Staff / Parent / Other): \_\_\_\_\_

Date/Time of Incident: \_\_\_\_\_

Location of Incident (be specific):

\_\_\_\_\_

Names of all individuals involved:

\_\_\_\_\_  
\_\_\_\_\_

Description of Incident (include specific behaviors, words, or actions):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there witnesses? If yes, list names:

\_\_\_\_\_  
\_\_\_\_\_

Immediate actions taken (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of person receiving the report:

\_\_\_\_\_