

Chazy Central Rural School

DASA Report Form

Type: (Check all that apply)  Verbal  Physical  Emotional  Cyber

Person(s) Making Complaint: \_\_\_\_\_

Person(s) Filling out Form: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Person(s) engaging in bullying behaviors:

Witness(es):

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

Where did this happen? \_\_\_\_\_

How long has it been going on? \_\_\_\_\_

Explanation of the Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe what you have done to resolve the problem. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only**

Date of Investigation: \_\_\_\_\_ Investigation Completed by: \_\_\_\_\_

Harassment Determination:  Yes  No DASA Reportable:  Yes  No

Explanation: \_\_\_\_\_

\_\_\_\_\_

Check all that apply.	Student(s)	Parents(s)	Administration	Staff	Counselor/ Psychologist	Law Enforcement
Conference with:						
Refer to:						

**Please turn in @ Main Office, Elementary Office, Guidance Office, or Student Advocate Office**