



North Collins Central School District
DASA INCIDENT REPORT FORM

School Building:	<input type="checkbox"/> Elementary School		<input type="checkbox"/> High School	
Report Date:				
Report made by:			Contact Information:	
Location of Incident:	<input type="checkbox"/> Classroom <input type="checkbox"/> Hall/Bathroom <input type="checkbox"/> Cafeteria		<input type="checkbox"/> School Grounds (<i>bus, playground, extracurricular event</i>) <input type="checkbox"/> Electronic (<i>online, social media, text</i>) <input type="checkbox"/> Other (<i>please include in the comments</i>)	
Type of Incident:	<input type="checkbox"/> Harassment <input type="checkbox"/> Threat		<input type="checkbox"/> Intimidation <input type="checkbox"/> Discrimination	<input type="checkbox"/> Psychological (<i>rumors</i>) <input type="checkbox"/> Physical
Incident Specific to:	<input type="checkbox"/> Race <input type="checkbox"/> Weight <input type="checkbox"/> Sex <input type="checkbox"/> Color		<input type="checkbox"/> Gender <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Ethnicity	<input type="checkbox"/> Religious Practice <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> National Origin <input type="checkbox"/> Other
PERSONS INVOLVED IN THIS INCIDENT				
Date & Time of Incident:				
Alleged Offender(s):				
Alleged Victim(s):				
Witnesses/Bystanders:				
Narrative of Incident: <i>Include relevant details</i>				

Please return completed form to the DASA Coordinator for each building:

- Jr.-Sr. High School: Brandon Wojcik
- Elementary School: John Cataldo

TO BE COMPLETED BY ADMINISTRATION OR DASA COORDINATOR

Date report submitted to and logged by DASA Coordinator _____

- Was a DASA violation
 Was NOT a DASA violation
 Was a mutual conflict

<input type="checkbox"/> Meeting with administrator	<input type="checkbox"/> Verbal warning	<input type="checkbox"/> Parent/guardian called
<input type="checkbox"/> Behavior intervention	<input type="checkbox"/> Meeting with counselor	<input type="checkbox"/> Parent/guardian meeting held
<input type="checkbox"/> Detention Date(s): _____	<input type="checkbox"/> Lunch detention Date(s): _____	<input type="checkbox"/> ISS Date(s): _____
<input type="checkbox"/> OSS Date(s): _____	<input type="checkbox"/> Restitution	<input type="checkbox"/> Law Enforcement notified
<input type="checkbox"/> Other supports offered or other disciplinary actions taken:		<input type="checkbox"/> Follow up by who? And when?
CONTACT MADE		
<input type="checkbox"/> Victim(s) parent or guardian Date: _____		<input type="checkbox"/> Reporter updated (if need be)