

RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL

DASA Incident Report Form

NAME OF PERSON ACCUSED IN THE COMPLAINT: _____

NAME OF PERSON COMPLETING FORM: _____

DATE: _____

GRADE: _____

HOMEROOM TEACHER: _____

Incident happened on school property

Single Incident

Incident happened at school sponsored event off school grounds

Series of incidents

Incident happened on the computer, phone and/or on social media

SUMMARY OF ALLEGATIONS: PLEASE GIVE A DETAILED DESCRIPTION OF COMPLAINT INCLUDING INFORMATION SUCH AS: **WHO, WHAT, WHERE, WHEN AND WHY.**

HAVE YOU BEEN THREATENED BY ANYONE? YES NO

If yes, please explain:

RAVENA-COEYMANS-SELKIRK CENTRAL SCHOOL
DASA Incident Report Form

*******FOR OFFICE USE ONLY*******

REFERRED TO: _____

WITNESSES/STATEMENTS:

DATE SEEN: _____

RESOLUTION/ ACTION TAKEN:

DATE: _____

PARENTS CONTACTED?

YES

NO

DATE CONTACTED: _____

SIGNATURE: _____

DATE: _____

Follow Up Date: _____

Follow Up Notes: