**DASA Report Form- General**

**Gaskill Coordinator: Chris Murgia (716) 278-5825**

Name(Reporter) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On what date did the incident Happen?** \_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_

**Describe in your own words What Happened?** (attach a separate sheet if needed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you feel this was Bullying ?** Yes\_\_\_\_ No\_\_\_\_

**If you answered Yes to above, what type of bullying was it: (Circle ALL that apply)?**

Verbal (words) Physical (hitting) Cyber (internet, text, FB) Other (specify)\_\_\_\_\_

Sexual in nature\_\_\_\_\_\_\_\_\_\_

**List the names of any people (students or adults) who may have witnessed the incident:**

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

**Where did the incident(s) happen? (circle all that apply):**

Classroom Text/Phone/Internet Off School Property Hallway

Bus Gym Girls Bathroom Pool Locker Room

Bus Stop Cafeteria Boys Bathroom Other(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify that all statements on this form are accurate and true to the best of my knowledge**

Signature of Reporter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received by (School Official): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Received: \_\_\_\_\_\_\_\_\_\_\_\_