



**Harassment, Bullying and Discrimination Prevention and Intervention
DASA (Dignity for All Students Act) Incident Reporting Form**

This form is to be used by any student or parent/guardian who believes he/she has witnessed, heard about, or has been the victim of harassment, bullying, hazing or discrimination.

My Name is: _____

Date of Incident: _____

Time of Incident: _____

Location of Incident (Circle all that apply):

In class with teacher

In class without teacher

In class with substitute

In class with aide or assistant teacher

Hallway

Bathroom

Room: _____

Playground

Hayes Field

Chambers Field

Gym or Playroom

Cafeteria

MPR

ES Library

Afterschool

Locker room/Boys or Girls

To/From School

HS/MS Library

Auditorium

School Trip

Discrimination based on one person's actual or perceived:

Race or Color

National Origin or Ethnic Group

Weight

Religion

Religious Practice

Disability

Sexual Orientation

Gender or Sex (including gender identity and expression)

Name(s) of People Involved:

Describe what happened (include witnesses, names and date(s) of event):

Dated: _____ **Signature:**

Please print out, complete, and mail form to either:

**Rakiya Adams, ES Assistant Principal or
Marcellus Lessane, MS/HS Vice Principal
Bronxville Union Free School District
177 Pondfield Road
Bronxville, NY 10708**