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:_______________________

<table>
<thead>
<tr>
<th>Location of Incident (Circle all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>In class with teacher</td>
</tr>
<tr>
<td>In class with substitute</td>
</tr>
<tr>
<td>Hallway</td>
</tr>
<tr>
<td>Room: _________</td>
</tr>
<tr>
<td>Hayes Field</td>
</tr>
<tr>
<td>Gym or Playroom</td>
</tr>
<tr>
<td>MPR</td>
</tr>
<tr>
<td>Afterschool</td>
</tr>
<tr>
<td>To/From School</td>
</tr>
<tr>
<td>Auditorium</td>
</tr>
</tbody>
</table>

The Bronxville School, 177 Pondfield Road, Bronxville, NY 10708
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

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