

Barker Central School District  
DASA Report Form  
(Please turn in at Elementary or High School Office)

Offender: \_\_\_\_\_

School: \_\_\_\_\_

Date/time of incident: \_\_\_\_\_

Person filing report: \_\_\_\_\_

**Part I. Basic Information**

**Incident occurred (check one):**

- During regular school hours                       Before or after regular school hours

**Location of incident (check one):**

- Auditorium       Bus       Girls bathroom       Hallway       Playing field  
 Boys bathroom       Cafeteria       Girls locker room       Parking Lot       Pool  
 Boys locker room       Classroom       Gymnasium       Playground       Cyber Offense  
 Other (specify below)

**Incident occurred (check one):**

- On school property  
 Off school property (select this only if it is a cyber offense)  
 At school sponsored function off school grounds

**Part II. Description of DASA Related Incident**

**Description of Incident:** (Please use as much detail as possible)

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**Teacher/Person reporting incident:** (Last name, first name): \_\_\_\_\_

**Bias(es) of Incident (check all that apply):**

<input type="checkbox"/> Actual or perceived race	<input type="checkbox"/> Color	<input type="checkbox"/> Disability	<input type="checkbox"/> Ethnic group
<input type="checkbox"/> Gender	<input type="checkbox"/> National origin	<input type="checkbox"/> Religion	<input type="checkbox"/> Religious practices
<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Weight	<input type="checkbox"/> Other

