



BARKER CENTRAL SCHOOL DISTRICT

DASA REPORT FORM

(Please turn in at Pratt Elementary or Barker High School Office)

Offender: _____

School: _____

Date/time of incident: _____

Person filing report: _____

Part I. Basic Information

Incident occurred *(Please select one):*

During regular school hours

Before or after regular school hours

Location of incident *(Please select 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 *(Please specify):* _____

Incident occurred *(Please select 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):*

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

Bias(es) of incident *(Please check all that apply):*

Actual or perceived race

Ethnic group

Religion

Sexual orientation

Color

Gender

Religious practices

Weight

Disability

National origin

Sex

Other _____

