



Mount Vernon City School District

165 North Columbus Avenue • Mount Vernon, NY • 10553

t 914-665-5204

Felicia Gaon
Director of Student Services

email: FGaon@mtvernoncsd.org
www.mtvernoncsd.org

Kenneth R. Hamilton, Ed. D.
Superintendent of Schools

DASA Incident Report Form

Name of Alleged Target(s):			School Attended by Alleged Target:		
Name of Alleged Student(s) committing harassment, intimidation, or bullying:			School Attended by Alleged Aggressor:		
Mark all boxes below in which the actual/perceived characteristic was/may have been a motivational factor in the alleged incident:					
Race: <input type="checkbox"/>	Color: <input type="checkbox"/>	National Origin: <input type="checkbox"/>	Ethnic Group: <input type="checkbox"/>	Religion: <input type="checkbox"/>	Religious Practice: <input type="checkbox"/>
Weight: <input type="checkbox"/>	Disability: <input type="checkbox"/>	Sexual Orientation: <input type="checkbox"/>	Gender: <input type="checkbox"/>	Sex: <input type="checkbox"/>	
Other actual or perceived characteristics:					
How did you learn that a student may have been the victim of harassment/intimidation/bullying? Mark the appropriate box.					
Witnessed incident: <input type="checkbox"/>			Informed by another person: <input type="checkbox"/>		
Informed by Alleged Target: <input type="checkbox"/>			Name of the other person:		
List below any person who you know or have reason to believe may have information regarding this matter. Please list if they are a student, staff member, parent, or other (Ex: John Doe, teacher)					
What was the location and time of the alleged harassment, intimidation or bullying incident?					
Location on school property:			Name/Date of school sponsored function:		
Electronic Communication (cell phone, internet, etc.):			Off school grounds - Explain:		
Describe nature of alleged harassment, intimidation or bullying. Include any gestures, relevant verbal, written or physical act(s), or any electronic communication.					
What harm do you believe was or may have been caused by the alleged incident? Check all that apply.					
Substantial disruption with orderly operation of school: <input type="checkbox"/>	Physical or emotional harm: <input type="checkbox"/>	Damage to property: <input type="checkbox"/>			
Insulting or demeaning: <input type="checkbox"/>	Creates a hostile educational environment: <input type="checkbox"/>	Interferes with student's education: <input type="checkbox"/>			
You may choose to submit this report anonymously. Please note that no formal disciplinary action is permitted on the basis of anonymous reporting alone.					
Print name of person reporting:		Signature:		Date:	