Code _____

William Floyd Middle School
DASA Student Reporting Form

☐Conflict ☐DASA

Your Name:	Today's Date:
Conflict with:	Date of Occurrence:
	Time of Occurrence:

Location of Incident (select all that apply):

☐ On school property	☐ On a school bus	☐ On the way to/from school
☐ At a school sponsored activity or event of school property	☐ Social Media	☐ Other (specify):

Please describe in as much detail as possible the specifics of the incident (or attach additional information):

Please list individuals who may have witnessed the incident or who may have pertinent information:

Has this incident/discrimination been previously reported (please circle one) YES NO

If yes, please explain:

_____ _____

Your Signature Today's Date

Please attach any supporting documentation you may have (letters, photocopies of electronic communities, etc.) and return to the alleged victim's school building official(s). This report will be followed up within two weeks of receipt. If you fear that a student is in immediate danger, contact the police.

Referral received by: _____ Date: _____

Administrator _____ **Date** _____

DASA Coordinator _____ **Date** _____