

Cleveland Hill Union Free District Confidential DASA Investigative Report

School building (Check all that apply)	Elementary School	Middle School	High School
Report made by:	Telephone number or contact information:		
Location of incident	Classroom Hall/Lavatory Cafeteria	School Grounds (extracurricular event, bus, playground) Electronic (online, social media, text) Other (please include in the narrative)	
Type of incident	Harassment Threat	Intimidation Discrimination	Psychological (rumors) Physical
Incident specific to:	Race Weight Sex Color	Gender Disability Religion Ethnicity	Religious Practice Sexual Orientation National Origin Other

Persons Involved

Date & time of incident	
Alleged offender(s)	
Alleged victim(s)	
Witness(es)/bystander(s)	
Narrative of Incident (Include relevant details)	

Return or e-mail completed form to the **DASA Coordinator for each building**

Elementary School Brenda Wagner bwagner@clevehill.org	Middle School Patty Balthasar pbalthasar@clevehill.org	High School Elizabeth Manley emanley@clevehill.org
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***** To be filled out by Administration and DASA Coordinator *****

Date report submitted to and logged by DASA Coordinator _____

- Was a DASA violation
 Wasn't a DASA violation
 Was a mutual conflict

<input type="checkbox"/> Meeting with administrator	<input type="checkbox"/> Verbal warning	<input type="checkbox"/> Parent/guardian called
<input type="checkbox"/> Increased supervision	<input type="checkbox"/> Meeting with SSC	<input type="checkbox"/> Parent/guardian meeting held Date:
<input type="checkbox"/> Detention (Elem. Only) Date(s):	<input type="checkbox"/> Double detention Date(s):	<input type="checkbox"/> ISS Date(s):
<input type="checkbox"/> OSS Date(s):	<input type="checkbox"/> OSS w/ hearing Dates:	<input type="checkbox"/> Referred to FRC
<input type="checkbox"/> Transfer to Alternative School	<input type="checkbox"/> Law enforcement notified	<input type="checkbox"/> Restitution
<input type="checkbox"/> Other supports offered or other disciplinary actions taken:		<input type="checkbox"/> Follow up by who? and when?

Contacted:

- Victim(s) parent or guardian called Date _____
 Reporter updated (if need be)