



**Riverhead Central School District
DASA Report**

Targeted Student Information <i>(Complete a form for each targeted student)</i>	
Name:	Grade:
School:	

Complaint Information	
Date of Incident:	Location of Incident:
Date Incident Reported to School:	Complaint Source <i>(person making the complaint)</i> :

Alleged Offender(s) Information	
Name(s) of Alleged Offenders	Position <i>(Student, Teacher, Security, etc.)</i>

Witness Information	
Name(s) of Witness (es)	Position <i>(Student, Teacher, Security, etc.)</i>

Nature of Incidents of Discrimination and/or Harassment (check all that apply)			
<input type="checkbox"/>	(a) Race	<input type="checkbox"/>	(b) Ethnic Group
<input type="checkbox"/>	(c) National Origin	<input type="checkbox"/>	(d) Color
<input type="checkbox"/>	(e) Religion	<input type="checkbox"/>	(f) Religious Practice
<input type="checkbox"/>	(g) Disability	<input type="checkbox"/>	(h) Gender
<input type="checkbox"/>	(i) Sexual Orientation	<input type="checkbox"/>	(j) Sex
<input type="checkbox"/>	(k) Weight	<input type="checkbox"/>	(l) Other

Description of Incident (include names, dates, times and other specific information)	

***Please submit this to your school DASA Coordinator or Principal ASAP.**