## BOARD OF COOPERATIVE EDUCATIONALSERVICES SOLE SUPERVISORY DISTRICT FRANKLIN-ESSEX-HAMILTON COUNTIES

## **DASA Referral Form**

Date:	e: Reporting Person:			
Name(s) of V	Victim(s) Name(s	) of Student(s) Bullying	Name(s) of Witnesses/Bystanders	
Types of Bullying (check	all that apply):			
☐ Called Mean Names	□ Excluded	☐ Hit, Kicked, Punched	☐ Told Lies or False Rumors	
☐ Threatened	□ Racial Comments	☐ Sexual Comments	☐ Took/Damaged Possessions	
☐ Other (please explain):_				
Where did the bullying	happen? (check all tha	at apply):		
□ Field	□ Hallway	☐ In Class with Teacher	☐ In Class without Teacher	
□ Bathroom	□ Line-up Area	□ Lunchroom	□ To/From School	
□ Bus Stop	□ Bus	□ Other:		
People the victim has s	poken to about the bul	lying incident (check all t	hat apply):	
□ Teacher □ C	Other Adult at School	□ Parent/Guardian □	Sibling   Friend	
□ Other:				
Explain what you witnesse	.d.			
· * * * * * * * * * * * * * * * * * * *	******************For Off	ice Use Only***********	************	
epeat Bullying Offender?	☐ Yes ☐ No, Step	Parent Con	ntact? □ Yes □ No	
eferral?   Yes   No				