Dignity for All Student Act
Salem Central School District
Reporting Form

Name of Person Making Report: _____

Date and time of incident: _____

Location: _____

Target: _____

Aggressor: _____

Witness(es): _____

Description of incident:

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Signature: _____

Date: _____

DASA Reporting Forms are available in the High School, Elementary, Superintendent's, Guidance, and Nurse's Office.