



Lyons Central School
DASA – Student/Staff Incident Reporting Form



Name of person completing this form:

Name of Alleged Victim(s):

Grade:

Name of Alleged Perpetrator(s):

Grade:

Building:

Description of Incident:

Date:

Time:

Location where incident occurred:

Presumed Witness(es):

Signature:

Date:

**Please return this form to the Principal/Supervisor or
Dignity Act Coordinator**

Date DASA Coordinator Received: