SOUTH KORTRIGHT CENTRAL SCHOOL DISTRICT
DASA Complaint Form

Name of complainant: _______________________________ Date Submitted: ________________
Address: ________________________________________
Home phone: ___________________ Cell: ______________ Work: _______________ (please circle preferred number)

PART I
The complaint is: (check all that apply)
   ___ An employee, holding the position of ___________________________ at ____________________________ (location)
   ___ A student, grade __________ at ______________________________________________________ (school or location)
   ___ A parent or community member
   ___ Other (please specify your relationship with or association to the District) _______________________________

Basis of this complaint/grievance: (circle any that apply)
Race   National Origin   Disability   Sex   Color
Ethnic Group Gender Weight Religion Religious Practice
Sexual Orientation Other/Not sure (please briefly explain): ___________________________________________

Name and/or description of accused person(s): ________________________________________________

Incident Occurred: (circle one)
Auditorium  Boys Locker Room  Classroom  Gymnasium  Playground
Cafeteria  Girls Bathroom  Hallway  Playing Field  Boys Bathroom
Bus  Girls Locker Room  Parking Lot  Cyber Offense  Other: (please specify) ____________________

Incident Occurred: (circle one)
On school property  At school sponsored function but off school grounds  Off school property (select this only for cyber offense)

Incident was: (circle any that apply) Gang related  Bias Related

Description of alleged harassment/bullying/discrimination/incident:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Incident was a result of ________ student and/or _________ conduct.

Incident involved ________ physical contact and/or ________ verbal threats, intimidation or abuse.

Date, time and place of violation(s): _________________________________________________________

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each:
__________________________________________________________

Others you may have discussed this complaint/grievance/incident with, including contact information for each:
__________________________________________________________

Has this incident/discrimination been previously reported? [ ] Y [ ] N If yes, to whom?

Date __________________________ Signature of Complainant ___________________
Part II -- Actions Taken

Actions taken: (circle all that apply) Please include the number of days of in school or out of school suspension.

- Counseling or treatment programs
- Teacher removal
- Suspension from class or activities
- Out of school suspension
- Transferred to Alternate Education Program
- Referred to law enforcement or juvenile justice system
- Other (specify)

Reprimand
Lunch detention
Other outside agency
Parent meeting
Parent phone call
Recess privileges revoked

Consequences determined by:

Victim(s):

Witness(es):

Additional Notes:

This form is to be used for complaints based on the Dignity for All Students Act – 8 NYCRR 100.2(kk)