



COOPERSTOWN CENTRAL SCHOOL DISTRICT

39 Linden Avenue
Cooperstown, New York 13326-1496
(607) 547-8181

MR. KARL O'LEARY
Secondary Principal

HARASSMENT AND/OR DISCRIMINATION COMPLAINT FORM (Including Dignity for All Student Act - DASA)

The purpose of this form is to report an incident of possible bullying, discrimination and/or harassment so that the matter can be investigated and appropriate steps taken. This form can be used by district employees, parents and students. **If there is an immediate threat, or you fear a student is unsafe, speak with the building principal or Dignity Act Coordinator immediately, then complete the form.**

Student Victim's Name: _____ Student ID: _____

Grade: _____ Home School District: _____ Building: _____

Date of incident: _____

Approximate time of incident: _____

Location of Incident: _____

Did you witness the incident or was the incident reported to you? _____

If reported to you, who reported it? _____

Description of incident (Be as specific as possible about what was occurred. For example, if profanity was used state the actual profane words used; if a threat was made, state what the aggressor said, etc.):

Names of the individual(s) accused of discrimination, harassment, or bullying:

_____	_____
_____	_____

Other possible victims:

_____	_____
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Were there any witnesses to the incident and/or bystanders? Yes____No _____

If yes, please list the witnesses and/or bystanders:

Which of the following best indicates the basis of the alleged bullying, harassment and/or discrimination? (Check all that apply):

The victim's actual or perceived:

- ☐ Race
- ☐ Color
- ☐ Weight
- ☐ National origin
- ☐ Ethnic group
- ☐ Religion
- ☐ Religious practice
- ☐ Disability
- ☐ Sexual orientation
- ☐ Gender
- ☐ Gender Identity
- ☐ Sex
- ☐ Other _____(If other please describe)

Which of the following best describes where the incident occurred? (Check all that apply)

- ☐ On school property
- ☐ At a school sponsored function off school grounds
- ☐ Cyberspace

Which of the following best indicate/s the type of incident which occurred? (Check all that apply)

- ☐ Intimidation of abuse, but no verbal threat or physical contact
- ☐ Verbal threat, but no physical contact
- ☐ Physical contact, but no verbal threat

☐ Both verbal threat and physical contact

To your knowledge, who was involved in the incident?

☐ Involved only student offenders

☐ Involved only employee offenders

☐ Involved both student and employee offenders

What is your relationship to the student?

___Parent

___Teacher

___Staff Member

___Peer

___Self /Student

___Other (please describe)_____

I certify that all statements made on this form are accurate and true to the best of my knowledge:

Print Name _____

Signature _____

Date: _____

Return this form to the building principal.

