



COOPERSTOWN CENTRAL SCHOOL DISTRICT
Elementary

21 Walnut Street
Cooperstown, New York 13326-1496
(607) 547-9976

Tracy Durkee
Elementary 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:

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.