



DASA COMPLAINT FORM

(Dignity For All Students Act)

New York State's Dignity for All Students Act (The Dignity Act) seeks to provide the State's public elementary and secondary school students with a safe and supportive environment free from discrimination, intimidation, taunting, harassment, and bullying on school property, a school bus and/or at a school function.

This section to be completed by Complainant (person submitting this report)

Name of Complainant _____

Relationship to student:

Teacher Administrator Parent Classmate Community member

Other (describe) _____

Contact Information for Complainant:

Address _____

Home Phone # _____ Cell Phone # _____

Date & Time of Complaint _____

Name of Alleged Targeted Student _____

Parent/Guardian Name _____ Home Phone# _____ #Cell Phone # _____

Name of Alleged Offender #1 _____

Parent/Guardian Name _____ Home Phone# _____ #Cell Phone # _____

Name of Alleged Offender #2 _____

Parent/Guardian Name _____ Home Phone# _____ #Cell Phone # _____

Name of Alleged Offender #3 _____

Parent/Guardian Name _____ Home Phone# _____ #Cell Phone # _____

Location of Incident

School _____ Grade _____ Building _____

Classroom

Hallway

Cafeteria

Technology (describe) _____

Gym/Locker Room

School Bus

Field Trip

Other(describe) _____

Category of Incident of Discriminatory and/or Harassing Behaviors: (Check all that apply)

Actual or perceived race

Color

Weight

National Origin

Ethnic Group

Other(describe) _____

Religion/Religious Practice

Disability

Sexual Orientation

Gender

Gender Identity/Expression



(Witness Information)

Witness Name _____
Home Phone # _____ Cell Phone # _____
Witness Name _____
Home Phone # _____ Cell Phone # _____
Witness Name _____
Home Phone # _____ Cell Phone # _____

Was Physical Injury Incurred? Yes No
IF YES, Medical Attention Required? Yes No

Observable Changes in Targeted Student's Behavior: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Self-Destructive Behavior |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Antisocial Behavior |
| <input type="checkbox"/> Depression | |
| <input type="checkbox"/> Withdrawal | |
| <input type="checkbox"/> Other (Please Describe _____) | |

DESCRIPTION OF INCIDENT

SIGNATURE OF COMPLAINANT _____ DATE _____

DELIVERED TO BUILDING LEVEL D.A.S.A. COORDINATOR: DATE _____