

Dignity for All Students Act (DASA)
Responding to Incidents
Bullying, Harassment and Discrimination

DASA COMPLAINT FORM

To be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident) and submitted to the DASA Coordinator.

Today's Date:

Name and position of person reporting the incident:

Role of person reporting Incident (*Check one*): Anonymous report Student Target

Student (witness) Parent/Guardian Staff Member Other

Phone:

E-mail:

Name of Target: (student being bullied, harassed, or discriminated against)

Name(s) of alleged offender(s):

Date and time of incident:

What was your involvement in the incident?: I observed the incident

I was directly involved in the incident I heard about the incident

Where did the incident happen? (*Check all that apply*)

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> On School Property | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Hallway |
| <input type="checkbox"/> Off School Property | <input type="checkbox"/> Classroom | <input type="checkbox"/> Gym |
| <input type="checkbox"/> School Bus | <input type="checkbox"/> At school function | <input type="checkbox"/> Bathroom |

Other (describe):

Electronic Communication:

Type of Incident (*check all that apply*):

- Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
- Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
- Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
- Abuse (actions or statements that put an individual in fear of bodily harm)
- Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures (sexting))
- Other (describe)

Who was involved in the incident? *(Check all that apply)*

Student Employee Other:

Describe the specific nature of the incident. What happened? *(Be as specific as possible). What did the alleged offender say or do? Include any copies of text messages, emails, etc. If possible. (Add extra pages if needed)*

If there were any adults in the area when this happened, what did they do?

Types of bias involved (if known): *(Check all that apply)*

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Weight/Size |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> Disability |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Sex | |

Other (describe):

Name(s) of others who may have witnessed the incident:

Was the student absent from school as a result of the incident?

- No Yes, Number of days student was absent:

Did the described situation continue to occur? Yes No

What do you think should be done about the situation?

You can contact the school administrator, DASA Coordinator, counselor, or other staff member (whoever you are most comfortable with) for information or assistance at any time.