DUTCHESS B🌐CES

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   ___Gym/Locker Room
___Hallway   ___School Bus
___Cafeteria   ___Field Trip
___Technology (describe)   ___Other(describe)

_____   _____

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

___Actual or perceived race   ___Religion/Religious Practice
___Color   ___Disability
___Weight   ___Sexual Orientation
___National Origin   ___Gender
___Ethnic Group   ___Gender Identity/Expression
___Other(describe)_____

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(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)

___Attendance   ___Self- Destructive Behavior
___Grades   ___Antisocial Behavior
___Depression
___Withdrawal
___Other(Please Describe _____

DESCRIPTION OF INCIDENT

[ ]

SIGNATURE OF COMPLAINANT_____**DATE**_____

DELIVERED TO BUILDING LEVEL D.A.S.A. COORDINATOR: DATE_____