

DASA Complaint Form

Your statement is very important to our investigation of alleged student bullying, discrimination and/or harassment. All efforts will be made to keep the information you provide confidential. Retaliation or threats of retaliation against any person involved in an investigation of harassment, discrimination, or bullying is a violation of the law. If you believe you are subject to such action as a result of your cooperation with this investigation, please contact the Dignity Act Coordinator.

PLEASE PRINT OR TYPE

Date of Report: _____

Name of Reporter/Person Filing the Report: _____

Contact Information: Address: _____
E-mail: _____
Phone: Work _____ Home _____ Cell _____
Other (please specify): _____

I am a student parent employee other _____ I am the target of the alleged harassment

SOURCE OF INFORMATION REPORTED

- I received a report of harassment/bullying or discrimination. Report made by: _____
- I observed harassment/bullying or discrimination.
- Other _____

INFORMATION REGARDING THE ALLEGED HARASSMENT

Name(s) of target(s) of alleged bullying and/or harassment:

Name(s) of alleged aggressor(s):

The target was harassed because of his/her actual or perceived (check all that apply):

- Race
- National Origin
- Ethnic Group
- Sexual Orientation
- Religious Practice
- Gender (identity or expression)
- Color
- Other Personal Characteristic
- Religion
- Weight
- Disability
- Sex

Provide a detailed description of the incident(s) reported including a statement of how and when you first became aware of the alleged occurrence(s):

Date(s) of Incident(s):

Where did the incident(s) occur? (Be specific about location):

Where there any witnesses? ___ Yes ___ No If yes, please list:

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

Signature

Date

(If multiple incidents please number each one as set forth below)

USE ADDITIONAL SHEETS IF NEEDED