

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

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