

**LANCASTER CENTRAL SCHOOL DISTRICT
DASA COMPLAINT FORM**

Name of Complainant: _____ Date submitted: _____

Address: _____

Home phone: _____ Cell: _____ Work: _____
(please circle the preferred number)

The Complainant is: (check all that apply):

- an employee, holding the position of _____ at _____ (building)
- a student, grade _____ at _____ (building)
- a parent or community member
- other (please specify relationship with or association to the District) _____

The individual who was subjected to the alleged harassment/bullying is:

- Complainant
- someone else

Name: _____ Grade: _____ Building: _____

Basis of this complaint:

- | | |
|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Weight | <input type="checkbox"/> Gender |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Other/Not sure (Please briefly explain): _____ |
| <input type="checkbox"/> Religion | _____ |
| <input type="checkbox"/> Religious Practice | _____ |

Name and/or description of accused person(s): _____

Description of alleged harassment/bullying incident(s): _____

Date, Time and Place of Incident(s): _____

Did the incident(s) involve electronic communication such as through the internet, social media and/or text messaging, etc.? Yes No

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each: _____

Others who Complainant may have discussed this complaint/incident with, including contact information for each: _____

Has this incident been previously reported? Yes No If yes, when and to whom? _____

Describe the remedy, outcome or resolution of the previous report(s): _____

Submit Completed Form to: _____

**LANCASTER CENTRAL SCHOOL DISTRICT
DASA COMPLAINT FORM**

Remedy Sought by Complainant: _____

Date

Signature of Complainant

Outcome of the Investigation:

Additional Information:

Submit Completed Form to: _____