

Dignity for All Students Act (DASA)
Responding to Incidents
Bullying, Harassment and Discrimination - *For District/School Files Only*

PART 1. DASA COMPLAINT FORM

The DASA Complaint Form is a confidential record. All matters pertaining to this report or investigation should not be discussed with any person other than those individuals officially responsible for this investigation.

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 being threatened or retaliated against as a result of your cooperation with this investigation, please contact the Dignity Act Coordinator at your school (a list of Dignity Act Coordinators is on the PPCSD website).

Today's date: _____

Name of person reporting the incident: _____

Role of person reporting incident (Check one): ☐ Anonymous report

☐ Student Target ☐ Student (witness) ☐ Parent/Guardian ☐ Staff Member ☐ Other _____

Phone: _____ Email: _____

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

School: _____

Grade: _____

Name(s) of alleged offender(s): _____

Date and time of incident: _____

Names(s) of witnesses: _____

What was your involvement in the incident?

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

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

☐ On school property	☐ Cafeteria	☐ On a school bus	☐ Hallway	☐ Bathroom
☐ Classroom	☐ Gym	☐ Off school property	☐ Locker Room	☐ At a school function
☐ Electronic Communication:		☐ Other (describe):		

Type of incident *(Check all that apply)*

☐	Physical contact
☐	Verbal threats
☐	Psychological
☐	Abuse
☐	Cyberbullying
☐	Other (describe):

Is this the first time this has happened? ☐ Yes ☐ No, times of occurrence: _____

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)*

☐ Race	☐ Color	☐ Weight/Size	☐ National origin	☐ Ethnic group
☐ Religion	☐ Religious practice	☐ Disability	☐ Sexual Orientation	☐ Gender/Identity
☐ Sex	☐ Other (describe):			

What observable changes have you seen in the student since the time the reported incident(s) occurred? (Including attendance, grades, social engagement, feelings about self and others, antisocial behavior, self-destructive behaviors,

withdrawal, depression, etc.) (Please provide documents and consent for any medical reports relating to this statement)

Does the situation continue to occur? ☐ Yes ☐ No

To be completed by district staff only

Is a full DASA investigation warranted? ☐ Yes ☐ No

Any student or parent can go directly to the Dignity Act Coordinators should there be concerns.

Children may also speak to any staff member if they feel that they are the victim of bullying.

If you have questions or concerns that are Dignity Act related, please contact the Dignity Act Coordinator for your school.