



East Islip School District
DASA Referral Form

Date: _____ **Reporting Person:** _____

Address: _____

Home Phone: _____ **Cell:** _____ **Work:** _____

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

Name of alleged victim(s): _____

Basis of complaint/grievance:

<input type="checkbox"/>	Race	<input type="checkbox"/>	Color	<input type="checkbox"/>	Religious Practice
<input type="checkbox"/>	Disability	<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"/>	Sexual Orientation	<input type="checkbox"/>	Religion		
<input type="checkbox"/>	Other/Not sure (please explain):				

Description of Alleged Harassment/Bullying/Discrimination/Incident:

Incident involved: *Physical contact and/or* *Verbal threats, intimidation, or abuse*
and/or *Cyber-bullying.*

Date, Time, Place of incident(s): _____

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

Others you may have discussed this complaint/grievance/incident with, including contact information for each:

Has this incident/discrimination been previously reported? Yes No

If yes, when and to whom? _____

What resolution would you like to see as a result of this complaint?