

# CLARENCE CENTRAL SCHOOL DASA COMPLAINT FORM

Offending Student \_\_\_\_\_ Grade \_\_\_\_\_ Incident Date \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Referred by \_\_\_\_\_ Form Completed by \_\_\_\_\_

DETAILS (use back for additional space and attach any student statements)

---

---

---

---

---

---

---

---

---

---

---

### Additional Details (Office Use Only):

<b>IHMB (DASA)</b> Name of Victim(s): _____ _____ _____ Founded                      Unfounded Material                      Non-Material	Names of Witnesses: _____ _____ _____ _____ _____	<b>Category:</b> __ Race/Color                      __ Weight __ Ethnic Group                      __ National Origin __ Religion/Practice                      __ Disability __ Sexual Orientation                      __ Gender Other: _____
---	--	--

**Which of the following categories best indicate the incident type (check all that apply):**

<input type="checkbox"/> Occurred on school property	<input type="checkbox"/> Physical Contact	<input type="checkbox"/> Involved only student offender(s)
<input type="checkbox"/> Occurred at school-sponsored function off school grounds	<input type="checkbox"/> Verbal Threat	<input type="checkbox"/> Involved only employee offender(s)
<input type="checkbox"/> Occurred on school transportation	<input type="checkbox"/> Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)	<input type="checkbox"/> Involved both student and employee offender(s)
<input type="checkbox"/> Electronic communication	<input type="checkbox"/> Cyberbullying	
Other (provide details):		

If on school property, please indicate: Time/Period \_\_\_\_\_ Location/Room \_\_\_\_\_

Indicate the initial resolution and any additional comments:

<input type="checkbox"/> Warning/Advised on DASA	<input type="checkbox"/> Administrative Referral Written	<input type="checkbox"/> Student Statement(s) Attached
--	--	--

Victim Follow-Up Date and Comments:

**DASA Coordinator Only**