Mynderse Academy
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Mrs. Faith Lewis
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Ms. Carrie Heffron
Assistant Principal
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Dignity for All Students Act (DASA)
Complaint Form

Directions: Please complete all sections of this form to the best of your ability. Provide detailed information about the incident(s) in question. Fill out your personal information accurately. This information will be kept confidential. Return this form to the main office.

For any questions or additional support, please contact Ms. Carrie Heffron at 315-568-5500 or cheffron@senecafallscsd.org.

Today's Date: _____

Name of Person Reporting Incident *(first & last name)*: _____

Name of Target *(Student being bullied/harassed/discriminated against)*: _____

Name(s) of Alleged Offender(s): _____

What was your involvement in the incident? *(Check one):*

Directly Involved ___	Observed Incident ___	Heard About the Incident ___

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

On school property ___	Cafeteria ___	On school bus ___	Classroom ___
Classroom ___	Hallway ___	Locker room ___	Off school property ___
Bathroom ___	At school function ___	Gym ___	Social Media ___

Describe the incident(s) that occurred, including dates, times, locations, and any witnesses present. Explain how this incident has affected you or others involved.