



**ROMULUS CENTRAL SCHOOL DISTRICT  
DIGNITY FOR ALL STUDENTS (DASA) COMPLAINT FORM**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Describe the incident(s). Please include when and where it happened.

List the name of the individual(s) accused of bullying and/or harassment:

Were there any witnesses:      YES      NO

If yes, please list the names of the witnesses:

*I certify that all the statements on this form are accurate and true to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Please attach any support documents (i.e: copies of emails, notes, photos, etc) and return this form to:

- DASA Coordinator, Principal
  - 607-869-5391, 342

If the principal is unavailable, please place all materials in a sealed envelope and give to the main office secretary.

Note on confidentiality: In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused students(s) or staff.