

DASA Complaint Intake Bullying, Harassment and Discrimination

Directions: This form is to be completed by a **DASA complainant**. The complainant must review and affirm the accuracy of the information recorded on this form. Affirmation must be declared in the form of the complainant's signature. **Please return this form to your school's DASA Coordinator.**

Name _____

Grade _____ Building _____

Teacher _____

What is the basis of the alleged violation? (Check only those categories that apply to your complaint.)

_____ Weight	_____ Religious Practice	Other: (list)
_____ Color	_____ Ethnic Group	
_____ Gender	_____ Disability	
_____ Race	_____ Religion	
_____ Sexual Orientation	_____ National Origin	
_____ Sex		

Who do you believe committed a violation against you? (Include names, titles, and locations of each person.)

Name of Person	Grade	Class/Period	Site
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did the alleged violation occur within the past 12 months? _____ YES _____ NO

When did the alleged violation occur? Date: _____ **Time:** _____ AM ___ PM ___

Where did the alleged violation occur? Location: _____

Describe the actions that have been committed against you that violated the DASA Policy. *Please use extra pages if necessary.*

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Were there any witnesses to the alleged violation? _____YES _____NO

Please give name, grade, department, and site of each witness to the alleged violation. (A witness is someone who observed or heard something concerning the allegations or has other relevant information concerning the allegations.)

Name of Witness	Title	Department	Site
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you report this to anyone? If so, please list the name, title department, and site of each person.

Name of Person	Title	School	Site
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you filed a complaint about the alleged violation with any external agencies?

_____YES _____NO *If yes, please state the date and name of agency.*

Date	Agency
_____	_____
_____	_____
_____	_____
_____	_____

Affirmation

I affirm that I have read the above charge and that it is true to the best of my knowledge, information, and belief.

_____	_____
Complainant Signature	Date
_____	_____
DASA Coordinator/Administrator	Date