

Fire Island School District  
**Dignity for All Students Act (DASA) Complaint Form**

Staff, students, or parents may complete and submit this form to the DASA Coordinator or Superintendent of Schools to prompt an investigation into the alleged bullying or harassment of a Fire Island student. Verified incidents of bullying or harassment must be followed by remedial action by the school district. No reprisals may be made by the school district against the complainant, and making a complaint is not a guarantee of disciplinary action against an alleged offender.

Name of Complainant \_\_\_\_\_ Today's Date \_\_\_\_\_

Date and Location of Incident \_\_\_\_\_

Alleged Offender \_\_\_\_\_ Alleged Target \_\_\_\_\_

Witness(es) (if involved please specify) \_\_\_\_\_

Nature of Alleged Harmful Behavior (check all that apply):

Physical	Verbal (may occur online)	Relational (may occur online)
<input type="checkbox"/> Physically Attacking <input type="checkbox"/> Restraining <input type="checkbox"/> Spitting <input type="checkbox"/> Chasing <input type="checkbox"/> Tripping / Sabotaging <input type="checkbox"/> Throwing Object <input type="checkbox"/> Taking Belongings <input type="checkbox"/> Vandalizing Property <input type="checkbox"/> Gesturing / Making Faces <input type="checkbox"/> Exposing Body <input type="checkbox"/> Invading Privacy <input type="checkbox"/> Inappropriate Touching <input type="checkbox"/> Use or Possession of a Weapon <input type="checkbox"/> Other _____	<input type="checkbox"/> Making Inappropriate Comments <input type="checkbox"/> Excessive Arguing <input type="checkbox"/> Taunting <input type="checkbox"/> Putting Down <input type="checkbox"/> Malicious Teasing <input type="checkbox"/> Name-Calling <input type="checkbox"/> Making Discriminatory Slurs <input type="checkbox"/> Cursing <input type="checkbox"/> Extorting <input type="checkbox"/> Threatening / Intimidating <input type="checkbox"/> Other _____	<input type="checkbox"/> Excluding / Isolating <input type="checkbox"/> Rumor Spreading <input type="checkbox"/> Manipulating Relationships <input type="checkbox"/> Publicly Embarrassing <input type="checkbox"/> Posting Images/Videos (Internet) <input type="checkbox"/> Trolling (Internet) <input type="checkbox"/> Other _____

Description of Alleged Incident \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff Actions Taken to Date \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Relevant Background Information Known (including previous incidents) \_\_\_\_\_

\_\_\_\_\_

Signature of Complainant \_\_\_\_\_

*Please attach any physical evidence available, including letters, photos, printouts, audio or video recordings.*