

# DASA Complaint Intake Bullying, Harassment and Discrimination

Directions: This form is to be completed by a DASA Coordinator or an administrator and the complainant.

Today's Date: \_\_\_\_\_

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

Building \_\_\_\_\_ Your Teacher \_\_\_\_\_

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

|                                             |                                                 |                                        |
|---------------------------------------------|-------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Weight             | <input type="checkbox"/> Religious Practice     | <input type="checkbox"/> Other: (list) |
| <input type="checkbox"/> Color              | <input type="checkbox"/> Ethnic Group           | _____                                  |
| <input type="checkbox"/> Gender             | <input type="checkbox"/> Disability             | _____                                  |
| <input type="checkbox"/> Race               | <input type="checkbox"/> Religion               | _____                                  |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> National Origin        |                                        |
| <input type="checkbox"/> Sex (gender)       | <input type="checkbox"/> Bullying/Cyberbullying |                                        |

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

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

**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.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What corrective action do you believe would address your complaint?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 | Department | Site |
|----------------|-------|------------|------|
|                |       |            |      |
|                |       |            |      |
|                |       |            |      |

Signature of the person reporting the incident:

|                      |                 |
|----------------------|-----------------|
| <div>Signature</div> | <div>Date</div> |
|----------------------|-----------------|