

## WVCSD DIGNITY ACT (DASA) COMPLAINT FORM

Please complete this form to report possible bullying, harassment, or discrimination. This form is ADA accessible and can be posted as a PDF on your school website. If you need assistance filling out this form, contact the school office.

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1. Name of targeted student: \_\_\_\_\_
  2. Student's grade: \_\_\_\_\_
  3. Date of incident(s): \_\_\_\_\_
  4. Time of incident(s): \_\_\_\_\_
  5. School/Location: \_\_\_\_\_
  6. Gender of targeted student:  Male  Female  Non-binary  Prefer not to say
  7. Place of incident(s):  On school property (including school bus)  At a school-sponsored event off school grounds  Off school grounds
  8. This report is made by:  Employee who directly observed an incident  Employee who was made aware of an incident  Parent or community member  Other (please specify): \_\_\_\_\_
  9. Name of person reporting: \_\_\_\_\_ Title (if employee): \_\_\_\_\_
  10. Relationship to student/district (if not employee): \_\_\_\_\_
  11. Telephone and other contact information: \_\_\_\_\_
  12. Basis of this complaint (check all that apply):  Race  Ethnic Group  National Origin  Color  Religion  Religious Practice  Gender (including identity or expression)  Sex  Disability  Weight  Sexual orientation  Other/Not sure (please explain): \_\_\_\_\_
  13. Name(s) of alleged offender(s): \_\_\_\_\_  
Grade(s): \_\_\_\_\_ Gender(s):  Male  Female  Non-binary  Prefer not to say
  14. Incident is a result of:  Student conduct  Employee conduct
  15. Description of alleged harassment, bullying, or discrimination incident(s): \_\_\_\_\_
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16. The incident(s) involved (check all that apply):  Intimidation or abuse, but no verbal threat(s) or physical contact  Verbal threat(s) but no physical contact  Physical contact but no verbal threat(s)  Verbal threat(s) and physical contact
  17. Witnesses or others with information (include contact info): \_\_\_\_\_
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18. Signature of Employee or Complainant: \_\_\_\_\_  
Date: \_\_\_\_\_