



Oceanside School District

DASA Complaint Intake Form

Dignity for All Students Act

This form may be used by a student, parent/guardian, staff member, or other individual to report a concern that may involve the Dignity for All Students Act (DASA). The information provided will be reviewed by the appropriate Dignity Act Coordinator.

PERSON REPORTING THE CONCERN

Name: _____	I am a: ☐ Student ☐ Parent/Guardian ☐ Staff Member ☐ Other: _____
Phone: _____	Email: _____

STUDENT INVOLVED

Student name: _____	Grade: _____
School: _____	

INCIDENT INFORMATION

Date(s) of incident: _____
Where did the incident occur? _____
Name(s) of other person(s) involved, if known: _____

Please briefly describe what happened:

WITNESSES

Were there witnesses? ☐ Yes ☐ No ☐ Unsure
If known, list witness name(s): _____

REPORTER INFORMATION

What was your involvement in the incident? ☐ Directly involved ☐ Observed ☐ Learned from someone else ☐ Other: _____
Signature: _____ Date: _____

Submitting This Form

Please return this completed form to the Dignity Act Coordinator at the student's school. Information submitted through this form will be reviewed and addressed in accordance with Oceanside School District DASA procedures and applicable requirements.