



DOLGEVILLE CENTRAL SCHOOL DISTRICT

DASA COMPLAINT FORM

District Registrar use only The Dolgeville Central School District is committed to providing a safe, supportive environment free from harassment, bullying and discrimination for all students.

Please use this form to report all allegations if you believe you or someone else has been the target of harassment, bullying or discrimination.

All complaints will be treated in a confidential manner. A thorough investigation will be conducted for all reports. Please return this form to Mrs. Pazzaglia, the Dignity Act Coordinator.

School Building

Today's Date

Name of person(s) reporting the incident

Phone #

Emai

Name of alleged victim(s)

Name of alleged offender(s)

Date and Time of incident(s)

Location of incident(s)

Description of incident(s)

Witnesses (if any)

----- FOR DIGNITY ACT COORDINATOR ONLY -----

Parent Contact: ☐ Yes Date: _____ ☐ No

Referral: ☐ Yes Date: _____

Harassment was based on actual or perceived (check all that apply):

- ☐ Race ☐ National Origin ☐ Religious Practice ☐ Gender Identity
☐ Color ☐ Ethnic Group ☐ Disability ☐ Sex
☐ Weight ☐ Religion ☐ Sexual Orientation
☐ Other (specify) _____

Types of Harassment (check all that apply):

- ☐ Called mean names ☐ Hit, kicked, punched ☐ Threatened ☐ Sexual comments
☐ Exclude ☐ Told lies or false rumors ☐ Racial comments ☐ Jokes/Stories
☐ Other (specify) _____

DAC action:

[illegible]