Dignity For All Students Act (DASA) Complaint Form
To Report Harassment, Hazing and Bullying

Reporter’s (s) Name:
________________________________________________________________________

Victim’s Name:
________________________________________________________________________

Date(s) of Incident:
________________________________________________________________________
________________________________________________________________________

Time(s) of Incident:
________________________________________________________________________
________________________________________________________________________

Place(s) of Incident:
________________________________________________________________________
________________________________________________________________________

Name(s) of Witness(es):
________________________________________________________________________
________________________________________________________________________

Please describe the nature of the incident(s):
________________________________________________________________________
________________________________________________________________________

Please submit the completed Complaint Form to the Assistant Principal or Principal of your school building, or to the Superintendent of Schools, if your complaint involves the Assistant principal or Principal. To the extent possible, the District will keep it confidential the information in your complaint. It may be necessary, however, to share this information with third parties who need to know in order to thoroughly investigate and resolve the complaint.

Policy 0115