



## VALLEY CENTRAL SCHOOL DISTRICT

### Dignity for All Students (DASA)

#### Complaint Form

The DASA Complaint Form is a confidential record. All matters pertaining to this report or investigation should not be discussed with any person other than those individuals officially responsible for this investigation.

Retaliation or threats of retaliation against any person involved in an investigation of harassment, discrimination, or bullying is a violation of the law. If you believe you are being threatened or retaliated against as a result of your cooperation with this investigation, please contact the Dignity Act Coordinator at your school (list of Dignity Act Coordinators is on the VCSD website).

#### CONTACT INFORMATION

Person Completing this form

Date: \_\_\_\_\_

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship to Student on whose behalf you are reporting:

\_\_\_ Parent

\_\_\_ Friend

\_\_\_ Relative

\_\_\_ Teacher

\_\_\_ Other \_\_\_\_\_

2. Name of Student(s) subjected to harassment/discrimination (target):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

3. Characteristics (actual or perceived) of the Targeted Student (please check all that apply):

\_\_\_ Actual or perceived race

\_\_\_ Disability

\_\_\_ Color

\_\_\_ Sexual Orientation

\_\_\_ Weight

\_\_\_ Gender

\_\_\_ National Origin

\_\_\_ Gender Identity/Expression

\_\_\_ Ethnic Group

\_\_\_ Other (Describe) \_\_\_\_\_

\_\_\_ Religion

\_\_\_ Religious Practice

\_\_\_\_\_  
\_\_\_\_\_

4. Behavior Observed (Please accurately complete all sections to the best of your knowledge).

Date & Time: \_\_\_\_\_ Location: \_\_\_\_\_

Alleged Aggressor: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Employee: \_\_\_\_\_

Please provide a description of the incident including details about the specific behaviors including a statement of how and when you first became aware of the alleged occurrence(s) Please provide any written information you have to support the allegations (including: written statements, medical reports, emails, etc.). Please use a separate sheet if necessary.

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What observable changes have you seen in the student since the time the reported incident(s) occurred? (including: attendance, grades, social engagement, feelings about self and others, antisocial behaviors, self-destructive behaviors, withdrawal, depression, etc.) (Please provide documents and consent for any medical reports relating to this statement.)

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*To be completed by district staff only*

Is a full DASA investigation warranted?            YES            NO