

**Dignity for All Students Act (DASA)**  
**Responding to Incidents**  
 Bullying, Harassment and Discrimination - *For District/School Files Only*

**PART 1. 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 (a list of Dignity Act Coordinators is on the VCSD website).

**Today's date:** \_\_\_\_\_

**Name of person reporting the incident:** \_\_\_\_\_

**Role of person reporting incident (Check one):**  Anonymous report

Student Target     Student (witness)     Parent/Guardian     Staff Member     Other \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of target:** (student being bullied, harassed, or discriminated against)

\_\_\_\_\_

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Name(s) of alleged offender(s):** \_\_\_\_\_

**Date and time of incident:** \_\_\_\_\_

**Names(s) of witnesses:** \_\_\_\_\_

**What was your involvement in the incident?**

I was directly involved in the incident     I observed the incident     I heard about the incident

**Where did the incident happen? (Check all that apply)**

<input type="checkbox"/> On school property	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> On a school bus	<input type="checkbox"/> Hallway	<input type="checkbox"/> Bathroom
<input type="checkbox"/> Classroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Off school property	<input type="checkbox"/> Locker Room	<input type="checkbox"/> At a school function
<input type="checkbox"/> Electronic Communication:		<input type="checkbox"/> Other (describe):		

**Type of incident** (Check all that apply)

<input type="checkbox"/>	Physical contact
<input type="checkbox"/>	Verbal threats
<input type="checkbox"/>	Psychological
<input type="checkbox"/>	Abuse
<input type="checkbox"/>	Cyberbullying
<input type="checkbox"/>	Other (describe):

**Is this the first time this has happened?**  Yes  No, times of occurrence: \_\_\_\_\_

**Who was involved in the incident?** (Check all that apply)  Student  Employee  Other: \_\_\_\_\_

**Describe the specific nature of the incident. What happened?** (Be as specific as possible). **What did the alleged offender say or do?** Include any copies of text messages, emails, etc. if possible. (Add extra pages if needed)

**If there were any adults in the area when this happened, what did they do?**

**Types of bias involved (if known):** (Check all that apply)

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Weight/Size	<input type="checkbox"/> National origin	<input type="checkbox"/> Ethnic group
<input type="checkbox"/> Religion	<input type="checkbox"/> Religious practice	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender/Identity
<input type="checkbox"/> Sex	<input type="checkbox"/> Other (describe):			

**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 behavior, self-destructive behaviors,

withdrawal, depression, etc.) (Please provide documents and consent for any medical reports relating to this statement)

Does the situation continue to occur?  Yes  No

*To be completed by district staff only*

Is a full DASA investigation warranted?  Yes  No

***Any student or parent can go directly to the Dignity Act Coordinators should there be concerns.***

***Children may also speak to any staff member if they feel that they are the victim of bullying.***

***If you have questions or concerns that are Dignity Act related, please contact the Dignity Act Coordinator for your school.***