DASA COMPLAINT FORM

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 #_________________________ Email_______________________________________

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)____________________________________________________________
_____________________________________________________________________________
Repeat Offender Yes ☐ No ☐  
Parent Contact Yes ☐ Date ___________ No ☐

Referral? Yes ☐ Date ___________ No ☐

| Harrassment was based on actual or perceived (check all that apply) |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| ☐ Race                  | ☐ Color                 | ☐ Weight                | ☐ National Origin       | ☐ Ethnic Group          | ☐ Religion              |
| ☐ Religious Practice   | ☐ Disability            | ☐ Sexual Orientation    | ☐ Gender Identity       | ☐ Sex                   | ☐ Other (specify)        |
| ☐ Other (specify)       |                         |                         |                         |                         |                         |

| Types of Harrassment (check all that apply) |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| ☐ Called mean names     | ☐ Exclude               | ☐ Hit, kicked, punched   | ☐ Told lies or false rumors |
| ☐ Threatened            | ☐ Racial comments       | ☐ Sexual comments       | ☐ Jokes/Stories          |
| ☐ Other (specify)       |                         |                         |                         |                         |                         |

DAC action: