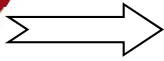




# Dignity for All Students Act (Dignity Act) Complaint Form



\* Indicates Reporting Requirement for the Dignity Act for All Students Act

<b>Complainant Name:</b>		<b>Date:</b>	
<b><u>Complainant Contact Information</u></b>			
Home and/or Cell Phone:			
Address:			
Email:			
School: <a href="#">Click here to enter text.</a>			
<b>Target (Victim/s) Name:</b>	<b>Sex</b>	<b>Grade</b>	
<b>Offender(s) Name:</b>	<b>Sex</b>	<b>Grade / Position</b>	
<b>Offender(s) Name:</b>	<b>Sex</b>	<b>Grade / Position</b>	
<b>Offender(s) Name:</b>	<b>Sex</b>	<b>Grade / Position</b>	
*The offender is a: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Both			
<b>Witness/es Name and Contact Information:</b>			
<b>Dignity Act Coordinator and Contact Information:</b>			
<b>Name:</b> DASA Coordinator's Name			
<b>Address:</b> Building / Building Address		<b>Telephone:</b> Coordinator's Phone Number	

## Incident Description of Discriminatory and/or Harassing Behaviors

- \*Type of bias based on the person's actual or perceived (check all that apply):**
- |  |                                   |  |  |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Race                                | <input type="checkbox"/> Color    | <input type="checkbox"/> Weight              | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ethnic group                        | <input type="checkbox"/> Religion | <input type="checkbox"/> Religious Practices | <input type="checkbox"/> Disability      |
| <input type="checkbox"/> Sexual orientation                  | <input type="checkbox"/> Gender   | <input type="checkbox"/> Sex                 | <input type="checkbox"/> Not Sure        |
| <input type="checkbox"/> Other, please describe: Description |                                   |  |  |

**\*Description of the Incident:**

\_\_\_\_\_

- \*Incident involved (check all that applies)?**
- Involving intimidating or abuse but no verbal threat or physical contact
  - Involving verbal threats but no physical contact
  - Involving physical contact but no verbal threat
  - Involving both verbal threat and physical contact
  - Involving only student offenders

- \*Location:**
- On school property
  - At a school-sponsored function off school grounds

**Approximate Time:** \_\_\_\_\_  AM/  PM

**\* Was this incident:**

- A result of an investigation of a written or oral complaint; OR
- Directly observed

**Are there observable changes in the student's (target) behavior (check all that apply)?**

<input type="checkbox"/> Attendance	<input type="checkbox"/> Grades	<input type="checkbox"/> Depression	<input type="checkbox"/> Feelings about self/others
<input type="checkbox"/> Antisocial behaviors	<input type="checkbox"/> Self-destructive behaviors	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Social interaction/s
<input type="checkbox"/> None Applicable	<input type="checkbox"/> Other		
Explain:			

**Determination**

<input type="checkbox"/> Meets DASA criteria for bullying or harassment: <input type="checkbox"/> Intentional <input type="checkbox"/> Repeated <input type="checkbox"/> Imbalance of Power
<input type="checkbox"/> Does not meet DASA criteria for bullying and Harassment
Explanation:

**Actions Taken**

**What actions were taken in response to the incident described above (check all that applies)?**

<input type="checkbox"/> Meeting with principal or his/her designee	<input type="checkbox"/> Verbal correction	<input type="checkbox"/> Parent/guardian called
<input type="checkbox"/> Increased supervision	<input type="checkbox"/> Meeting with social worker /psychologist	<input type="checkbox"/> Conflict resolution
<input type="checkbox"/> Awareness/sensitivity session (1-1 with counselor, DAC, teacher, etc.)	<input type="checkbox"/> Referral to counseling services for bias-based bullying, harassing, or discriminatory behaviors	<input type="checkbox"/> Community service (with parental permission)
<input type="checkbox"/> Prevention or intervention program or strategy, explain:		
<input type="checkbox"/> Referral to counseling or treatment program	<input type="checkbox"/> Lunch detention	<input type="checkbox"/> After school detention
<input type="checkbox"/> Suspension from class or activities	ISS: <input type="checkbox"/> Full day <input type="checkbox"/> Partial day	OSS: <input type="checkbox"/> Full day <input type="checkbox"/> Partial day
<input type="checkbox"/> Behavioral plan	<input type="checkbox"/> Teacher removal (3214)	
<input type="checkbox"/> Transfer to alternative education	<input type="checkbox"/> Law enforcement notified	<input type="checkbox"/> Referral to community-based organization
<input type="checkbox"/> Other supports offered or disciplinary actions taken:		

**Other Previous Discriminatory and/or Harassing Incidents, if any**

Date/s: \_\_\_\_\_

Description/s: \_\_\_\_\_

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

DASA Coordinator: DASA Coordinator's Name

❖ Please attach any documentation collected as part of the investigation (e.g., e-mails & other forms of communication, meeting minutes, interventions such as safety contracts, etc.)