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

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

<table>
<thead>
<tr>
<th>Complainant Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

## Complainant Contact Information

<table>
<thead>
<tr>
<th>Home and/or Cell Phone:</th>
<th>Address:</th>
<th>Email:</th>
</tr>
</thead>
</table>

**School:** Click here to enter text.

<table>
<thead>
<tr>
<th>Target (Victim/s) Name:</th>
<th>Sex</th>
<th>Grade</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Offender/s) Name:</th>
<th>Sex</th>
<th>Grade / Position</th>
</tr>
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<th>Sex</th>
<th>Grade / Position</th>
</tr>
</thead>
</table>

*The offender is a: ☐ Student ☐ Employee ☐ Both

**Witness/es Name and Contact Information:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>DASA Coordinator’s Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Building / Building Address</td>
</tr>
<tr>
<td>Telephone:</td>
<td>Coordinator’s Phone Number</td>
</tr>
</tbody>
</table>

## Incidents Description of Discriminatory and/or Harassing Behaviors

*Type of bias based on the person’s actual or perceived (check all that apply):*

- ☐ Race
- ☐ Ethnic group
- ☐ Sexual orientation
- ☐ Other, please describe: Description

- ☐ Color
- ☐ Religion
- ☐ Gender
- ☐ Sex
- ☐ National Origin
- ☐ Weight
- ☐ Religious Practices
- ☐ Disability
- ☐ Not Sure

*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:*

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Rev. 10/5/15
☐ 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)?

<table>
<thead>
<tr>
<th></th>
<th>Attendance</th>
<th>☐ Grades</th>
<th>☐ Depression</th>
<th>☐ Feelings about self/others</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Antisocial behaviors</td>
<td>☐ Self-destructive behaviors</td>
<td>☐ Withdrawal</td>
<td>☐ Social interaction/s</td>
<td></td>
</tr>
<tr>
<td>☐ None Applicable</td>
<td>☐ Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain:

### Determination

☐ Meets DASA criteria for bullying or harassment:
  ☐ Intentional  ☐ Repeated  ☐ Imbalance of Power

☐ Does not meet DASA criteria for bullying and Harassment

Explain:

### Actions Taken

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

<table>
<thead>
<tr>
<th>Action</th>
<th>☐ Meeting with principal or his/her designee</th>
<th>☐ Verbal correction</th>
<th>☐ Parent/guardian called</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Increased supervision</td>
<td>☐ Meeting with social worker/psychologist</td>
<td>☐ Parent/guardian called</td>
<td></td>
</tr>
<tr>
<td>☐ Awareness/sensitivity session (1-1 with counselor, DAC, teacher, etc.)</td>
<td>☐ Meeting with social worker/psychologist</td>
<td>☐ Parent/guardian called</td>
<td></td>
</tr>
<tr>
<td>☐ Referral to counseling services for bias-based bullying, harassing, or discriminatory behaviors</td>
<td>☐ Referral to counseling services for bias-based bullying, harassing, or discriminatory behaviors</td>
<td>☐ Community service (with parental permission)</td>
<td></td>
</tr>
<tr>
<td>☐ Prevention or intervention program or strategy, explain:</td>
<td>☐ Referral to counseling services for bias-based bullying, harassing, or discriminatory behaviors</td>
<td>☐ Community service (with parental permission)</td>
<td></td>
</tr>
</tbody>
</table>

☐ Referral to counseling or treatment program

☐ Lunch detention

☐ After school detention

☐ Suspension from class or activities

ISS: ☐ Full day ☐ Partial day

OSS: ☐ Full day ☐ Partial day

☐ Behavioral plan

☐ Teacher removal (3214)

☐ Transfer to alternative education

☐ Law enforcement notified

☐ Referral to community-based organization

☐ Other supports offered or disciplinary actions taken:

☐ Other

### 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.)