HORNELL CITY SCHOOL DISTRICT

Jeremy P. Palotti, Superintendent

120 Raider Road Hornell, New York 14843
Phone 607.324.1302 ext. 1450 | Fax 607.324.1345

High School | 607.324.1303
Intermediate | 607.324.1304
N. Hornell | 607.324.0014
District Offices | 607.324.1302

DIGNITY FOR ALL STUDENTS ACT (DASA) COMPLAINT FORM

The purpose of this form is to inform the district of an incident, or series of incidents, of bullying and/or harassment so we can investigate and take appropriate steps.

Today's date: _____

Name of person reporting the incident: _____

Role of person reporting the incident *(Check one):* __ Anonymous report
__ Student Target __ Student (witness) __ Parent/Guardian __ Faculty/Staff Member __ Other:

Contact Phone Number: _____ Contact Email: _____

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

Name(s) of alleged offender(s): _____

Date of incident(s): _____**Time of incident(s):** _____

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)*

__ On school property __ Cafeteria __ On a school bus __ Hallway __ Bathroom
__ Classroom __ Gym/Locker room __ Off school property __ Locker Room __ At a school function
__ Electronic Communication: __ Other (describe):

Type of incident *(Check all that apply)*

__ Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
__ Verbal threats (gossip, name-calling, put downs, teasing, being mean, taunting, making threats)
__ Social/Relational (non-verbal actions, spreading rumors, social exclusion, intimidation)
__ Cyberbullying (misusing technology/social media to harass, tease, threaten)
__ Other (describe):

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)*

__ Race __ Color __ Weight/Size __ National origin __ Ethnic group

__ Religion __ Religious practice __ Disability __ Sexual Orientation __ Gender

__ Sex __ Other (describe):

Name(s) of others who may have witnessed the incident:

_____

Was the student absent from school as a result of the incident?

__ No __ Yes, Number of days student was absent: _____

Describe the impact this incident has had on the student (target):

_____

_____

Does the situation continue to occur? __ Yes __ No

Have you reported this situation to anyone else before filing this complaint?

If yes, please identify who you reported the situation to and on what date.

_____

_____

Please return the completed form to a school building administrator or Dignity Act coordinator.