

LaFayette Central School District

DIGNITY FOR ALL STUDENTS ACT (DASA) COMPLAINT FORM

This form can be completed by anyone who is concerned about an incident. Please return the form to the school building principal. Contact information for our schools is listed on our website. You can also submit complaints via the Tip Line Link on the website. Staff members made aware of bullying complaints must submit a verbal report within one day of a report and a written report to the building principal within two days after the original report.

Date the report is being filled out:	
Name of the person filing the report:	
Identification of person filling out this form: <i>* Check all that apply</i>	<input type="checkbox"/> I am the alleged victim <input type="checkbox"/> I am the parent or in parental relation to the alleged victim <input type="checkbox"/> I am a student <input type="checkbox"/> I am a staff member reporting an incident <input type="checkbox"/> I witnessed a problem <input type="checkbox"/> I was told about a problem
The best way(s) to reach me: <i>* Fill out all that apply</i>	Phone number: _____ Email: _____ Come find me here: _____
Identify the Alleged Victim	Student's Name: _____ Student's Grade: _____
Identify the Alleged Offender(s) <i>List the name of student(s) or adult(s) who are being accused.</i>	1. Name _____ <input type="checkbox"/> student or <input type="checkbox"/> adult 2. Name _____ <input type="checkbox"/> student or <input type="checkbox"/> adult <input type="checkbox"/> The offender is not known
I would best describe the incident(s) as related to the students: <i>* Check all that apply</i>	<input type="checkbox"/> Weight <input type="checkbox"/> Height <input type="checkbox"/> Physical Feature <input type="checkbox"/> Clothing <input type="checkbox"/> Disability <input type="checkbox"/> Illness/Allergy <input type="checkbox"/> Academic Standing <input type="checkbox"/> Participation in an activity <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender identify <input type="checkbox"/> Economic Standing <input type="checkbox"/> Religion <input type="checkbox"/> Cultural Beliefs <input type="checkbox"/> Race <input type="checkbox"/> Other characteristics:
The following incident(s) have occurred in the following location(s): <i>* Check all that apply</i>	<input type="checkbox"/> classroom <input type="checkbox"/> hallway/locker <input type="checkbox"/> cafeteria <input type="checkbox"/> playground <input type="checkbox"/> school bus <input type="checkbox"/> gymnasium/locker room <input type="checkbox"/> library <input type="checkbox"/> at an off-campus school event <input type="checkbox"/> internet/social media <input type="checkbox"/> athletic field <input type="checkbox"/> school entrance/exit <input type="checkbox"/> band room <input type="checkbox"/> computer lab <input type="checkbox"/> off school property <input type="checkbox"/> parking lot <input type="checkbox"/> other _____

