BOQUET VALLEY CENTRAL SCHOOL DISTRICT

DASA COMPLAINT / REPORTING FORM

Dignity for All Students Act (DASA)- Responding to Incidents

A Dignity Act complaint form must be posted on the district website and communicated to parents and students on an annual basis. This form is to be completed by the person reporting the incident (or the person receiving the complaint and/or investigating the incident) and submitted to the Dignity Act Coordinator (DAC).

School District: _____ School:_____

Today's Date: _____

Name and position of person reporting the incident _____

Role of person reporting incident (check one):

- ☐ Anonymous report
- ☐ Student Target
- ☐ Student (witness)
- ☐ Parent/Guardian
- ☐ Staff Member
- ☐ Other: _____

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

_____

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

Date and time of incident: _____

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	☐ School bus	☐ Hallway
☐ Bathroom	☐ Classroom	☐ Gym	☐ Off school property
☐ Locker Room	☐ At a school function	☐ Electronic communication	

BOQUET VALLEY
CENTRAL SCHOOL DISTRICT

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)
☐	Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
☐	Abuse (actions or statements that put an individual in fear of bodily harm)
☐	Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures/sexting)
☐	Other (describe)

Who was involved in the incident? (check all that apply)

☐ Student	☐ Employee	☐ Other: _____

Describe the specific nature of the incident. What happened? (Be 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?

_____
_____
_____
_____

BOQUET VALLEY
CENTRAL SCHOOL DISTRICT

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 below)

_____

_____

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**

What do you think should be done about the situation? _____

_____

_____

Signature: _____ **Date:** _____

You can contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whoever you are most comfortable with) for information or assistance at any time.