



DASA Case No: _____

DIGNITY FOR ALL STUDENTS (DASA)

COMPLAINT FORM

This is a confidential record covered under the Family Rights and Privacy Education Act (20 USC). If you are an employee of the school district, you may not discuss any matters, whether direct or indirect, pertaining to this Report and Investigation, with any person other than those individuals officially responsible for this investigation.

Retaliation or threats of retaliation against any person involved in an investigation of harassment or discrimination shall not be tolerated. If you believe you are a subject of such actions as a result of your cooperation, please contact the Dignity Act Coordinator at 914-737-3300 x1541

As the Complainant you will be notified of the findings and result of this investigation. Thank you for your full cooperation.

Eudes S. Budhai,
Dignity Act Coordinators

CONTACT INFORMATION

Person Completing this Form

Date _____

1. Name _____ Telephone _____
Address _____
City, State, Zip Code _____
Email Address _____

Relationship to Student on whose behalf you are reporting:

- ☐ Parent ☐ Friend
☐ Relative ☐ Teacher
☐ Other

2. Name of Student(s) subjected to harassment/discrimination

First Name _____ Last Name _____
Date of Birth _____ School Attending _____
Grade _____

3. Characteristics (actual or perceived) of the Targeted Student (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Actual or perceived race | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Weight | <input type="checkbox"/> Gender |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Gender Identity/Expression |
| <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Other (Describe _____) |
| <input type="checkbox"/> Religion | _____ |
| <input type="checkbox"/> Religious Practice | _____ |

4. Behavior Observed (please include the date, time, place, name of person(s) engaging in alleged harassment or discrimination of the student):

Date & Time _____ Location _____

Alleged Perpetrator _____

Witnesses _____

Name of student _____ Employee _____

Behaviors Observed _____

Provide a detailed description of the incident(s) reported including a statement of how and when you became aware of the alleged occurrence(s). Please provide any written information you have to support the allegations (ie, written statements, medical reports, emails, etc). Please use a separate sheet if necessary

What actions, if any, were taken in response to the incident described above?

What observable changes have you seen in the student since the time the reported incident occurred? (ie, attendance, grades, social engagement, feelings about self and others, antisocial behaviors, self destructive behaviors, withdrawal, depression, etc. Please provide documents and consent for any medical reports relating to this statement.)

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I swear or affirm that I have read this complaint and that it is true and correct to the best of my knowledge, information and belief. I give my permission to release to the DASA Coordinator any records or other evidence relevant to the allegations in this complaint, including but not limited to internal investigations, and school records. This complaint consists of _____ pages, including this page.

Signature _____ Date _____
