

PENN YAN CENTRAL SCHOOL DISTRICT
DIGNITY FOR ALL STUDENTS ACT
COMPLAINT FORM

(Please add additional pages as needed)

OFFICE USE
Reviewed by: _____
Date: _____
DASA Entry _____ Y _____ N

Name of person completing this form: _____ Date submitted: _____

Address: _____

Home phone: _____ Cell: _____ Work: _____
(please indicate the preferred number)

The person completing this form is (check all that apply):

____ a student, grade _____ at _____ (school or location)

____ a parent or community member

____ other _____ (please specify your relationship with or association to the District)

Basis of this complaint (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religious Practice |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Weight | <input type="checkbox"/> Gender |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Other/Not sure (Please briefly explain): | |

Name and/or description of accused person(s): _____

Description of Alleged Harassment/Bullying/Discrimination/Incident: _____

Incident is a result of ____ student and/or ____ employee conduct.

Incident involved ____ physical contact and/or ____ verbal threats, intimidation or abuse.

Date, Time and Place of Incident(s): _____

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each: _____

Others you may have discussed this incident with, including contact information for each: _____

Has this incident/discrimination been previously reported? ____ Yes ____ No

If yes, when and to whom? _____

Describe the remedy, outcome or resolution: _____

Remedy sought by person completing form: _____

Note that Confidentiality laws prohibit the release of information regarding individual students or staff outcomes.

Date

Signature of person completing form