

SOUTH KORTRIGHT CENTRAL SCHOOL DISTRICT

DASA Complaint Form

Name of complainant: _____ Date Submitted: _____

Address: _____

Home phone: _____ Cell: _____ Work: _____ (please circle preferred number)

PART I

The complaint is: (check all that apply)

____ An employee, holding the position of _____ at _____ (location)

____ 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/grievance: (circle any that apply)

Race	National Origin	Disability	Sex	Color
Ethnic Group	Gender	Weight	Religion	Religious Practice
Sexual Orientation	Other/Not sure (please briefly explain): _____			

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

Incident Occurred: (circle one)

Auditorium	Boys Locker Room	Classroom	Gymnasium	Playground
Cafeteria	Girls Bathroom	Hallway	Playing Field	Boys Bathroom
Bus	Girls Locker Room	Parking Lot	Cyber Offense	Other: (please specify) _____

Incident Occurred: (circle one)

On school property At school sponsored function but off school grounds Off school property (select this only for cyber offense)

Incident was: (circle any that apply) Gang related Bias Related

Description of alleged harassment/bullying/discrimination/incident: _____

Incident was a result of _____ student and/or _____ conduct.

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

Date, time and place of violation(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 complaint/grievance/incident with, including contact information for each: _____

Has this incident/discrimination been previously reported? [] Y [] N If yes, to whom? _____

Date

Signature of Complainant

