



SYRACUSE CITY SCHOOL DISTRICT

Student Support Services

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Phone 315•435•4131 • Fax 315•435•5838

Jaime Alicea

Interim Superintendent of Schools

DASA Complaint Form

(Print form and enter into the DASA Log Book; Use Additional Paper if Necessary)

Under the New York State Law known as the Dignity for All Students Act (DASA or Dignity Act), the Syracuse City School District is obligated to ensure that each student has equal access to education in a safe and harassment-free environment. It is the goal to protect every student who may be targeted with discrimination and bias-based harassment. According to the Dignity Act: No student shall be subjected to discrimination, harassment or bullying by employees or students on school property or at a school function, Such actions can create a hostile environment for a targeted student, in that they may cause physical injury or emotional harm, cause them to fear for their physical safety, or have the effect of interfering with that student's educational performance, opportunities or benefits, or their mental, emotional, or physical well-being.

Acts of discrimination, harassment or bullying shall include verbal or non-verbal conduct, threats, intimidation or abuse, and may be based on, but not limited to, one of the following actual or perceived characteristics: race, color, weight, national origin, ethnic group, religion, religious practice, disability, sexual orientation, gender or sex. Bullying maybe regarded as purposeful acts of harassment that are repeated over time and are intended to ridicule humiliate or intimidate a student. Under the Dignity Act and the SCSD Code of Conduct, Character and Support any staff member or administrator who receives a report of harassment, bullying, or discrimination or who witnesses or suspects such conduct shall document and take action to address the situation immediately and promptly report this to the Principal and/or DASA Coordinator.

Date of DASA complaint: _____ **School:** _____ **DASA Coordinator** _____

Name of student filing complaint _____ **Student's Grade:** _____

Student's Age: _____ **Parental Contact(s):** _____

Type of complaint Harassment Bullying Discrimination

Name of Person Completing this form (if not the complainant): _____

Relationship to Student:

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

____ a parent or community member

____ an SCSD employee

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

Complainant Contact Phone Number(s): _____ (H) (W) (Cell)

_____ (H) (W) (Cell)

(FOR EMPLOYEE OR OFFICE USE ONLY)

Name of person receiving complaint: _____ Position: _____

Day/Date complaint received: _____ Time complaint received: _____

Investigation Initiated By: _____ Principal Vice Principal DAC

on Day & Date: _____

Please ask the student to recount the incident(s) leading to the complaint and record the student's statements and review the complaint form with the student. If the questions on the complaint form were not completed, please request information from the complaining student and complete the form.

Is the conduct complained of recurring? Yes No, this was the first incident

If the answer above is yes, please list as many of the dates of conduct as possible:

Is there documentary evidence of the conduct? (Emails, texts, tweets, letters, photos, etc.) Yes No

If so, please list types of documentary evidence and request same from student:

Name of individuals who the student has identified as having witnessed the reported harassment, bullying or discrimination or who the student may have spoken to about the conduct. All direct witnesses must be interviewed unless there is a compelling reason to exclude the individual.

Name	Position (student, employee, include school)	Witness (y/n)

Name of individuals who were interviewed (written/video statements should be obtained if possible)

Name	Position (student, employee, include school)	Statement (y/n)

FOR ADMINISTRATIVE PURPOSES ONLY – Please Indicate if Report Involved:

Material Incident of Harassment, Bullying, or Discrimination on Basis of:	Race (a)	Ethnic Group (b)	National Origin (c)	Color (d)	Religion (e)	Religious Practice (f)
	Disability (g)	Gender (h)	Sexual Orientation (i)	Sex (j)	Weight (k)	Other (m)

Material Incident of Harassment, Bullying, or Discrimination that:	Occurred	1a	On School Property	
		1b	At a School Sponsored Function Off School Grounds	
	Involved	2a	Intimidation or Abuse but No Physical Contact	
		2b	Verbal Threat(s) but No Physical Contact	
		2c	Physical Contact but No Verbal Threat(s)	
		2d	Both Verbal Threat(s) & Physical Contact	
	Involved	3a	Only Student Offenders	
3b		Only Employee Offenders		
3c		Both Student and Employee Offenders		
Material Incident of Cyberbullying that:	Involved	1a	Intimidation or Abuse but No Threat (s)	
		1b	Threat(s)	
	Involved	2a	Only Student Offenders	
		2b	Only Employee Offenders	
		2c	Both Student and Employee Offenders	