



SYRACUSE CITY SCHOOL DISTRICT

Student Support Services Department

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Sharon L. Contreras

Superintendent of Schools

DASA Complaint Form

(print form & enter into the DASA Log Book in the main office) (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 Report: _____ **School:** _____ **DASA Coordinator:** _____

Name of Student Alleged to Have Experienced _____ **Student's Grade:** ____

Harassment, Bullying, or Discrimination: _____ **Student's Age:** ____

Name of Person Making this Complaint: _____ **Relationship to Student:**

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

___ a parent or community member

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

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

_____ H W Cell

Explain what happened? _____

Name of person(s) alleged to have harassed, _____ Student Teacher Admin

bullied or discriminated against student? _____ Other Staff: _____

If person(s) another student, what grade? _____ If staff member(s), Position? _____

What did they say or do to the affected student? _____

Where did this occur? _____ When did this occur? _____

Type of Bias Alleged: _____ Statements _____
ie. Including But Not Limited to Race, Ethnic Group, Color, Disability, National Origin Threat(s) _____
Sexual Orientation, Gender or Sex, Religion or Religious Practice, Weight, Other? Physical Contact _____

How did this make the student feel? _____

Did this make the student feel: Unsafe? _____ Scared? _____
Demeaned/Humiliated? _____ Angry? _____

How did the student react to what occurred? _____

How has this affected the student in class or in school in general? _____

Any Resulting Injury or Treatment? _____

Names of Others Who _____ Student Teacher Staff: _____

May Have Witnessed _____ Student Teacher Staff: _____

This Occur: _____ Student Teacher Staff: _____

If there were any adults in the area when this happened, what did they do? _____

How did this situation end? _____

Or does the situation continue to occur? _____

Others you may have discussed this incident with? Include contact information. _____

Is this the 1st time the targeted student has had a problem with this person? _____

Has the targeted student had a similar problem with any other person(s)? _____ If yes, Who? _____

If this is not the first time, how often has this occurred? _____

When? _____ Where? _____

Has the student reported this situation to anyone before? _____

If Yes, to Whom? _____ When? _____

If No, Why Not? _____

If complainant is a parent, have they reported this situation to anyone before? _____

If yes, to Whom? _____ When? _____

If No, Why Not? _____

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

What do you think would take to make the harassment, bullying, or discrimination stop?

What does the student think would make him/her feel more safe in school settings?

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Printed Name Signature Date

(FOR EMPLOYEE OR OFFICE USE ONLY)

Name of Person Receiving Report: _____ (use additional sheets, if necessary)

Position: _____

Day & Date Report Received: _____ Time Report Received: _____

Subsequent Verbal Report Made To: _____ Position: _____

on Day & Date: _____ at Time: _____

Subsequent Written Report Submitted To: _____ Position: _____

on Day & Date: _____ at Time: _____

Interim Steps Taken to Protect Safety of Affected Student(s): _____

Investigation Initiated By: _____ Principal VPrincipal DASA Coord.

on Day & Date: _____

Persons 1. _____ Position: _____ Date: _____
 Interviewed: Statement Written? _____
 Video 2. _____ Position: _____ Date: _____
 Reviewed? Statement Written? _____
 _____ 3. _____ Position: _____ Date: _____
 Statement Written? _____

Parental Contact(s): _____

Findings: _____

CONCLUSION: Allegation is VERIFIED _____ Allegation CANNOT Be Verified _____
 Facts Unclear or Remain in Dispute _____

NOTE: An allegation does not necessarily need to be directly corroborated in order to be considered verified. Conclusions should be reached by a substantial evidence standard of proof, i.e. relevant evidence exists that a reasonable person would accept as adequate to support conclusion

Recommended Actions: _____

Actions Taken: _____ Staff: _____ Date: _____
 _____ Staff: _____ Date: _____
 _____ Staff: _____ Date: _____
 _____ Staff: _____ Date: _____

NOTE: School Districts Who Verify a Complaint of Harassment, Bullying or Discrimination are Required to Take Steps Reasonably Calculated to End Harassment. Steps May or May Not involve Disciplinary Consequences.

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	