



SYRACUSE CITY SCHOOL DISTRICT

Jaime Alicea, Superintendent of Schools

Office of Student Support Services

DASA Complaint Form

(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 any association to the District)

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

Who do you believe harassed, bullied or discriminated against you/the student?

Name: _____ Is the person a Student Employee Other?

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

Explain what happened? Please include detail about where and when events occurred and what was said or done to you/the student. You may attach additional sheets to this report.

How do/does you/the student know the person who is believed to have harassed, bullied or discriminated against him or her?

Do you believe that the harassment, bullying or discrimination was due to your/the student's status (race, religion, ethnicity, weight, gender, gender identity, disability, etc.)? ____ Yes ____ No

If you answered yes above, please describe the basis for your belief (statements, slurs, etc.):

Have you reported this to anyone else in the District? ____ Yes ____ No

If so, who did you tell? _____

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

Printed Name Signature Date