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?** _____

Is this the first time you have had a problem with this other person? _____

Did you ever report the prior issues? (If so, to whom?)

_____

_____

Explain what happened with the current incident? 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.

_____

_____

_____

_____

_____

Who else witnessed this event?

_____

_____

Who helped stop the situation?

_____

_____

Were there any adults in the area where this happened? If so, who?

_____

_____

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? _____

Is there anything else you would like us to know?

_____

_____

_____

_____

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

_____   _____ _____   _____

Printed Name   **Signature**   **Date**