



# SYRACUSE CITY SCHOOL DISTRICT

Jaime Alicea, Superintendent of Schools

Office of Student Support Services

Patricia Clark, Chief Ombuds / Student Support Services Officer

## 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.

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

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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.):

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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.

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**Printed Name**

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**Signature**

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**Date**