



# Florida Union Free School District



## Dignity for All Students Act (DASA): Student Bullying and Harassment Complaint Form

Please complete this form and return it to a school administrator or Dignity Act Coordinator (DAC).

School District: \_\_\_\_\_ School: \_\_\_\_\_

Dignity Act Coordinator: \_\_\_\_\_ Today's date: \_\_\_\_\_

Name and position of the person reporting the incident: \_\_\_\_\_

Role of person reporting incident (Check one):  Anonymous report

Student Target     Student (witness)     Parent/Guardian     Staff Member     Other: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of target: (student being bullied, harassed, or discriminated against)

\_\_\_\_\_

Name(s) of alleged offender(s): \_\_\_\_\_

Date and time of incident: \_\_\_\_\_

What was your involvement in the incident?

I was directly involved in the incident     I observed the incident     I heard about the incident

Where did the incident happen? (Check all that apply)

<input type="checkbox"/> On school property	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> On a school bus	<input type="checkbox"/> Hallway	<input type="checkbox"/> Bathroom
<input type="checkbox"/> Classroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Off-school property	<input type="checkbox"/> Locker Room	<input type="checkbox"/> At a school function
<input type="checkbox"/> Electronic Communication:		<input type="checkbox"/> Other (describe):		

Type of incident (Check all that apply)

<input type="checkbox"/>	Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
<input type="checkbox"/>	Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
<input type="checkbox"/>	Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
<input type="checkbox"/>	Abuse (actions or statements that put an individual in fear of bodily harm)
<input type="checkbox"/>	Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures (sexting))
<input type="checkbox"/>	Other (describe):

Who was involved in the incident? (Check all that apply)  Student  Employee  Other: \_\_\_\_\_

Describe the specific nature of the incident. What happened? (Be as detailed as possible). What did the alleged offender say or do? Include copies of any text messages, emails, etc., if possible. (Add extra pages if needed.)

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

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Have you previously complained about or provided information (verbal or written) about bullying, harassment, or discrimination or related incidents to the district?  Yes  No

If yes, when and to whom did you complain or provide information? \_\_\_\_\_

Types of bias involved (if known): (Check all that apply.)

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Weight/Size	<input type="checkbox"/> National origin	<input type="checkbox"/> Ethnic group
<input type="checkbox"/> Religion	<input type="checkbox"/> Religious practice	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender
<input type="checkbox"/> Sex	<input type="checkbox"/> Other (describe):			

Name(s) of someone/others who may have witnessed the incident:

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Was the student absent from school as a result of the incident?

No  Yes If yes, number of days student was absent: \_\_\_\_\_

Describe the impact this incident has had on the target (yourself or a student):

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Does the situation continue to occur?  Yes  No

What do you think the school should do about the situation?

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*You can contact the school administrator, DAC, counselor, or another staff member (whomever you are most comfortable with) for information or assistance.*