



Oyster Bay – East Norwich Central School District
1 McCouns Lane
Oyster Bay, New York 11771



DIGNITY FOR ALL STUDENTS ACT (DASA)
COMPLAINT INTAKE FORM

To be completed by the person reporting the incident (or the person receiving the complaint and/or investigating the incident) and submitted to the Dignity Act Coordinator.

Today's Date _____ **School:** _____

Dignity Act Coordinator: _____

Name and position of the person reporting the incident: _____

Role of the person reporting the incident (check one): Anonymous Report Staff member

Student Target Student (witness) Parent/Guardian Other: _____

Phone: _____ **Email:** _____

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

Name(s) of alleged offender(s): _____

Date of incident: _____ **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.

On school property Cafeteria On a school bus Hallway Bathroom
 At a school function Off school property Locker Room Classroom Gym
 Electronic Communication: _____ Other (describe): _____

Type of incident Check all that apply.

Physical Contact (*kicking, punching, spitting, tripping, pushing, taking belongings*)
 Verbal threats (*gossip, name-calling, put-downs, teasing, being mean, taunting, making threats*)
 Psychological (*non-verbal actions, spreading rumors, social exclusion, intimidation*)
 Abuse (*actions or statements that put an individual in fear of bodily harm*)
 Cyberbullying (*misusing technology/social media to harass, tease, threaten, post pictures (sexting)*)
 Other Describe. _____



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Who was involved in the incident? *Check all that apply.* Student Employee Other: _____

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

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

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

- Color Disability Ethnic Group Gender National Origin Race
 Religion Religious Practice Sex Sexual Orientation Weight/Size
 Other (describe): _____

Name(s) of other(s) who may have witnessed the incident:

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

- No Yes; Number of days student was absent: _____

Does the situation continue to occur? Yes No

**You can contact the school administrator, Dignity Act Coordinator, counselor, or staff member
 (whoever you are most comfortable with) for information or assistance at any time.**