



**Dignity for All Students Act
Complaint Intake**

Oyster Bay-East Norwich CSD
1 McCouns Lane
Oyster Bay, NY 11771

Directions: This form is to be completed by a DASA Coordinator or administrator and the complainant. The complainant must review and affirm the accuracy of the information recorded on this form.

Date _____

Name _____ Student ID _____

Grade _____ Building _____

Teacher _____

What is the basis of the alleged violation? (Check only those categories that apply to your complaint.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Alienage/Citizenship | <input type="checkbox"/> National origin | <input type="checkbox"/> Cyberbullying |
| <input type="checkbox"/> Color | <input type="checkbox"/> Weight | |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Disability | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Predisposing Genetic Characteristic | <input type="checkbox"/> Other |

Circle all of the behaviors that the victim has experienced.

Hurtful teasing	Stealing or damaging property	Spitting on him/her
Hurtful name-calling	Pushing	Hitting or punching
Insulting remarks	Tripping	Slapping
Spreading lies and rumors, destroying Reputation	Grabbing	Slamming with shoulder
Socially rejecting	Pinching	Kicking
Sending nasty notes or hate notes	Restraining	Threats
Eye rolling/ "the look"	Hurtful graffiti	Stalking
Other: _____		

Circle when and where the behaviors have been observed. Circle all that apply.

Classroom	Bathroom	Stairwell	Hallway	Cafeteria
Locker room	Gym	Library	Parking lot	
Waiting for the bus before school		Waiting for the bus after school		
Other: _____				

Who do you believe committed a violation against you? (Include names, titles, and work locations of each person.)

Name of Person	Grade	Class/Period	Site
_____	_____	_____	_____

When did the alleged violation occur? Date: _____ Time: _____ AM ___ PM ___

Describe the actions that have been committed against you that violated the DASA Policy. Please use extra pages if necessary.

Were there any witnesses to the alleged violation? _____ YES _____ NO

Please give name, grade, department, and site of each witness to the alleged violation. (A witness is someone who observed or heard something concerning the allegations or has other relevant information concerning the allegations.)

Name of Witness	Title	Department	Site
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Did you report this to anyone? If so, please list the name, title department, and site of each person.

Name of Person	Title	School	Site
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you filed a complaint about the alleged violation with any external agencies?
_____ YES _____ NO *If yes, please state the date and name of agency.*

Date	Agency
_____	_____
_____	_____

FOR ADMINISTRATIVE USE:

Circle the specific actions taken so far to prevent harassment and/or discrimination. Circle all that apply.

Verbal warning and conference with student	Parent conference
Telephoned parent	ISS
Detention	OSS
Loss of privileges	Other (specify): _____

Parent (s) contacted by: _____ Date: _____ Time: _____

Administrative response taken:

Category of Incident (Check any that apply):

1. Homicide: any intentional violent conduct that results in the death of another person.	
2a. Forcible Sex Offenses: sex offenses involving forcible compulsion and completed/attempted sexual intercourse/conduct.	
2b. Other Sex Offenses: other non-consensual sex offenses involving inappropriate sexual contact/touching private body parts.	
3a. Assault-Physical Injury: impairment of physical condition or substantial pain including black eyes, welts, abrasions, cuts, etc.	
3b. Assault-Serious Physical Injury: substantial risk of death or serious and protracted disfigurement or impairment of health.	
4a. Weapons Possession: Routine Security Checks: possession of one or more weapons.	
4b. Weapons Possession: Other: including but not limited to weapons found in possession of a student or within a locker.	
5a. Materials Incidents of Discrimination, Harassment, and Bullying (all excluding Cyberbullying)	
5b. Cyberbullying: harassment/bullying that occurs through any form of electronic communication.	
6. Bomb Threat: telephoned, written, or electronic message of a bomb/explosive/chemical or biological weapon on school property.	
7. False Alarm: causing a fire alarm or other disaster alarm to be activated knowing there is no danger or false reporting a fire/disaster.	
8. Use, Possession, or Sale of Drugs: illegally using, possessing, or being under the influence of a controlled substance.	
9. Use, Possession, or Sale of Alcohol: illegally using, possessing, or being under the influence of alcohol.	

Dignity Act Coordinator Signature: _____ Date: _____

Principal Signature: _____ Date: _____