



## Dignity for All Students Act (DASA) Complaint Form

**Targeted Student Information** (Complete a form for each targeted student)

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Grade: \_\_\_\_\_

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

**Complaint Information**

Date of Incident: \_\_\_\_\_ Date Incident Reported to School: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Complaint Source: \_\_\_\_\_

**Alleged Offender(s) Information**

Name(s) of Alleged Offenders	Position (Student, Teacher, TA, etc.)	Student Number (if offender is a student)

**Witness Information**

Name(s) of Witness(es)	Position (Student, Teacher, TA, etc.)	Student Number (if witness is a student)

**Summary of Complaint/Incident** (include names, dates, times and other specific information)

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