

**CHESTER UNION FREE SCHOOL DISTRICT
DIGNITY FOR ALL STUDENTS ACT COMPLAINT FORM**

Name of Complainant: _____ Date Submitted: _____

Address: _____

Home Phone Number: _____ Cell: _____ Work: _____

The complainant is: (check all that apply):

- Employee (Please list position.) _____
- Student. Grade: _____
- Parent / Guardian of targeted student
- Other: Please specify _____

Basis of Complaint:

- | | |
|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religious practice |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Weight | <input type="checkbox"/> Gender |
| <input type="checkbox"/> National origin | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Other – Explain _____ | |

Name of Aggressor (accused person): _____

Date of Incident: _____ Time of Incident: _____ Location: _____

Incident Involved: physical contact verbal threats intimidation

Description of Alleged Harassment / Bullying/Discrimination: (attach additional page(s) if necessary)

Please list all witnesses or others with knowledge of this incident:

Has this incident been previously reported?

- Yes – List when and with whom report was filed: _____
- No, not previously reported.

Remedy sought by complainant: _____

Signature of Complainant

Date

Receiving School Official

Date Received

This form is to be used for complaint based on the Dignity for All Students Act (DASA).