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:

☐ Race
☐ Color
☐ Weight
☐ National origin
☐ Ethnic group
☐ Religion
☐ Other – Explain ______________________________________________________________________

☐ Religious practice
☐ Disability
☐ Gender
☐ Sex
☐ Sexual Orientation

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).

11.21.17