Schuylerville
CENTRAL SCHOOL DISTRICT

Schuylerville High School

Harassment, Bullying, and/or Discrimination DASA Complaint Form

A student, parent/guardian, or staff member may file a complaint of harassment, discrimination, intimidation, or bullying of a student, pursuant to DASA regulations and school policy. This report includes the information necessary to conduct a thorough investigation of the alleged offense and take appropriate corrective action. Complaints and complaint forms should be submitted to one of the Dignity Act Coordinators:

- Mrs. Stacy Marzullo, Principal: marzullos@schuylerville.org
- Mrs. Sarah Rust, High School Counselor: rusts@schuylerville.org

Incident Report

Written Report – Created by: _____
(Student, Parent, Staff Member)

Oral Report – Received/Written by: _____
(Administrator)

Date Filed: _____

Reporter's Name: _____

Reporter's Role:
☐ Student ☐ Parent ☐ Staff Member ☐ Other: _____

Victim Information

Victim's Name: _____

Grade: _____

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Incident Summary

Summarize the incident(s) or occurrence(s) as accurately as possible. Attach additional sheets if necessary. Attach any evidence of harassment or bullying (e.g., letters, photos, cell phone text messages, Facebook messages or wall printouts, etc.).

Date/Time of Incident:_____

Location of Incident: _____

Name(s) of Witness(es):_____

Have you reported this to anyone else?
☐ No ☐ Yes; who/when:_____

Is this the first time this has happened?
☐ Yes ☐ No

If not, how many times has this happened before?

Please add any other information about previous incidents or threats:

Signature

Signature of Person Completing Form:_____

Date:_____

FOR OFFICE USE ONLY

Date of Investigation: _____

Investigating Administrator: _____

Determination

☐ Material incident (reported to state)

☐ Not a material incident (not reported to state)

Type of Harassment or Discriminatory Behavior

(Check all that apply.)

☐ Race
☐ Color
☐ Ethnic Group
☐ National Origin

☐ Disability
☐ Religion
☐ Religious Practice
☐ Weight

☐ Sex
☐ Gender Identity
☐ Sexual Orientation
☐ Other (Specify):_____

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Action Taken *(Check all that apply. Include the number of days of in-school or out-of-school suspension.)*

☐ Reprimand

☐ Referral to School Counseling

☐ In-School Suspension: _____

☐ Lunch Detention

☐ Schedule Change

☐ Out-of-School Suspension: _____

☐ Parent Phone Call

☐ Referral to Outside Counseling

☐ Referred to Law Enforcement or Juvenile Justice System

☐ Parent Meeting

☐ Suspension from Activities

☐ Other (Specify):

COMMUNICATION LOG

DATE	TIME	PERSON	SUMMARY

Follow-Up/Other Related Information