



WHITEHALL CENTRAL SCHOOL DISTRICT DASA REPORT FORM



Name of complainant: _____ **Date submitted:** _____
(person who is making the claim that they have been bullied or harassed)

Address: _____

Home phone: _____ **Cell:** _____ **Work:** _____

The complainant is: (check all that apply):

_____ an employee, holding the position of _____ at _____ (location)

_____ a student, grade _____ at _____ (school building/level)

_____ a parent or community member

_____ other (please specify your relationship with or association to the District) _____

Basis of this complaint/grievance:

- | | |
|-----------------------|--------------------------|
| _____ Race | _____ Religious Practice |
| _____ Color | _____ Disability |
| _____ Weight | _____ Gender |
| _____ National Origin | _____ Sex |
| _____ Ethnic Group | _____ Sexual orientation |

_____ Religion
_____ Other/Not sure (Please briefly explain): _____

- Incident involved:**
- 1. Physical:** Hitting, punching, tripping, kicking, pushing, scratching,
 - 2. Verbal:** Name calling, teasing, taunting, making offensive remarks,
 - 3. Social/Emotional/Relational:** Excluding or threatening to exclude,
 - 4. Cyber-bullying:** Use of the internet, cell phone, or other technology to

Comments: _____

Date, Time and Place of Violation(s): _____

Witnesses, if any, or others who should be contacted with knowledge significant to this investigation, including contact information for each: _____

Others you have discussed this complaint/grievance/incident with, including contact information for each: _____

Has this incident/discrimination been previously reported? []Y []N If yes, when and to whom?

Describe the remedy, outcome or resolution of previously reported incident:

Remedy For Current Incident Sought by Complainant: _____

Signature of Complainant: _____

Date: _____

FOR OFFICE USE ONLY

Received By: _____

Date Received: _____