

**STILLWATER CENTRAL SCHOOL DISTRICT  
STUDENT INCIDENT COMPLAINT FORM  
(BULLYING, HARASSMENT and HAZING)**

Name of person making the complaint:

Student: \_\_\_\_\_ Employee \_\_\_\_\_ Other: \_\_\_\_\_ School or Department: \_\_\_\_\_

**Name(s) of Victims**

**Name(s) of Alleged Offenders**

**Statement of Complainant:** Describe your complaint – i.e. why you feel you have been discriminated against in as much detail as possible. Include names, dates, witnesses etc. Use additional the back of this paper if necessary.

**Solution Requested by Complainant:**

Signature of Complainant :

Date Submitted:

**Note: This form must be forwarded to a building administrator WITHIN 24 HOURS (one school day) of receipt.**

**STILLWATER CENTRAL SCHOOL DISTRICT  
DIGNITY FOR ALL STUDENTS ACT (DASA) Incident Form**

To be completed by the DASA Coordinator

Name of Person Making Complaint:		Date:	
Complainant is: __A Parent __Student __Victim's peer __A Staff/Faculty Member __Other: _____			
Complainant Contact Information Home and/or Cell Phone: Address: Email:			
Target (Victim/s) Name:	Grade:	Sex	Teacher:
Accused/s Name:	Grade:	Sex	Teacher:
Accused/s Name:	Grade:	Sex	Teacher:
Location: <input type="checkbox"/> On School Property _____ <input type="checkbox"/> On School Bus <input type="checkbox"/> School Function off grounds _____ <input type="checkbox"/> Off School grounds Other/additional info:			
Time (check all that apply): <input type="checkbox"/> A one-time occurrence <input type="checkbox"/> At a specific time _____ <input type="checkbox"/> At an unspecified time Multiple times: <input type="checkbox"/> At specific times: _____ <input type="checkbox"/> At Unspecified times <input type="checkbox"/> Other:			
Witness/es:			
Complainant is: __A Parent __Student __Victim's peer __A Staff/Faculty Member __Other: _____			
Has any physical injury or harm resulted from this/these incidents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what injury/injuries:			

**Incident Description of Discriminatory and/or Harassing Behaviors**

Based on the person's actual or perceived viewpoint, the incident/s involved (check all that apply):

- intimidating or verbal abuse but no verbal threat or physical contact
- verbal threats but no physical contact
- physical contact but no verbal threat
- both verbal threat and physical contact
- only student offenders

**Type of bias based on the person's actual or perceived (check all that apply):**

- Race
- Color
- Weight
- National Origin
- Ethnic group
- Religion
- Religious Practices
- Disability
- Sexual Orientation
- Gender
- Sex
- Not Sure
- Other:

Did the incident involve cyberbullying?  Yes  No

**Description of the Incident:**

**Behaviors reported (check all that apply):**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Teasing                  | <input type="checkbox"/> Tripping                 | <input type="checkbox"/> Restraining movement       |
| <input type="checkbox"/> Pushing/Shoving          | <input type="checkbox"/> Pinching                 | <input type="checkbox"/> Social Exclusion/rejecting |
| <input type="checkbox"/> Kicking                  | <input type="checkbox"/> Spitting                 | <input type="checkbox"/> Name calling               |
| <input type="checkbox"/> Hitting/Punching         | <input type="checkbox"/> Threats                  | <input type="checkbox"/> Spreading rumors/gossip    |
| <input type="checkbox"/> Intimidation             | <input type="checkbox"/> Negative facial gestures | <input type="checkbox"/> Insults/Put-downs          |
| <input type="checkbox"/> Stealing/Demanding items | <input type="checkbox"/> Rude gestures            | <input type="checkbox"/> Mocking                    |
| <input type="checkbox"/> Other (List): _____      |   |   |

**Are there observable / reported changes in the victim's behavior? (Check all that apply):**

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Poor attendance            | <input type="checkbox"/> Drop in grades             | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Anti-social behaviors      | <input type="checkbox"/> Self-destructive behaviors | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Feelings about self/school | <input type="checkbox"/> Other/Explain:             |                                     |

**Actions Taken in response to the incident/s described above (check all that apply):**

<input type="checkbox"/> Meeting with DASA Coord.	<input type="checkbox"/> Verbal correction	<input type="checkbox"/> Parent/guardian meeting
<input type="checkbox"/> Parent/guard. phone call	<input type="checkbox"/> Counseling with social worker / psychologist	<input type="checkbox"/> Conflict mediation/resolution
<input type="checkbox"/> Awareness / sensitivity session (1:1 with teacher, counselor, DAC, etc.)	<input type="checkbox"/> Referral to counseling services for bias-based bullying, harassing, or discriminatory behaviors	<input type="checkbox"/> Referral to community-based organization
<input type="checkbox"/> Prevention or intervention program or strategy, explain:		
<input type="checkbox"/> Referral to counseling or treatment program	<input type="checkbox"/> Lunch detention	<input type="checkbox"/> Alternative recess
<input type="checkbox"/> Alternative class/activity Partial Day / Full Day	<input type="checkbox"/> Increased supervision/recess	Out of School Suspension __ Partial Day __ Full Day __ Multiple Days, # of days: __
<input type="checkbox"/> Behavioral plan	<input type="checkbox"/> Increased supervision/bus	<input type="checkbox"/> School Nurse
<input type="checkbox"/> Social story	<input type="checkbox"/> Law enforcement notified	<input type="checkbox"/> Referral to community medical professional
<input type="checkbox"/> Other supports offered or disciplinary actions taken:		

**Conclusions/Findings. This incident was (check all that apply):**

- a result of an investigation of a written and /or oral complaint.
- directly observed.
- concluded to not be a DASA incident after a thorough investigation was conducted.
- Other: \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Any person reporting an incident of harassment, discrimination, and/or bullying in good faith is protected from liability claims. Please attach any supporting documentation (i.e. copies of emails, notes, photos, etc.)  
**Note of Confidentiality:** In order to investigate the complaint, Stillwater Central School District will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)