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Superintendent
518-732-2297



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Part 1. DASA Complaint Form

A DASA complaint form must be posted on the District website and communicated to parents/guardians and students on an annual basis.

To be completed by the person reporting the incident (or the person receiving the complaint and/or investigating the incident) and submitted to the Dignity Act Coordinator (DAC).

Note: A formal Title IX Complaint Form is available and may be used for allegations of Title IX Sexual Harassment.

The purpose of this form is to inform the District of an incident or series of incidents of discrimination, harassment, hazing, or bullying of students, so we can investigate and take appropriate steps.

The District prohibits discrimination, harassment, hazing, or bullying of students on the basis of actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sex, sexual orientation, and gender identity or gender expression.

If a student feels unsafe at school, fill out this form, but we urge you to speak directly with the Building principal/Assistant Principal, counselor, psychologist, or social worker by calling 518-732-7701 for Jr/Sr High School or 518-732-7755 for Castleton Elementary School as soon as possible, so we can address your concerns.

School District: _____ **School:** _____

Dignity Act Coordinator: _____ **Today's date:** _____

Name and position of person reporting the incident: _____

Role of person reporting incident (Check one): Anonymous report Student Target Student (witness)
 Parent/Guardian Staff Member Other

Phone: _____ Email: _____

Name of target: (student being bullied, harassed, or discriminated against):

Grade: _____ School: _____ Student ID: _____

Contact Information: _____

Name(s) of alleged offender(s): _____

Date and time of incident: _____

What was your involvement in the incident?

I was directly involved in the incident I observed the incident I heard about the incident

Where did the incident happen? (Check all that apply)

<input type="checkbox"/> On school property	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> On a school bus	<input type="checkbox"/> Hallway	<input type="checkbox"/> Bathroom
<input type="checkbox"/> Classroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Off school property	<input type="checkbox"/> Locker Room	<input type="checkbox"/> At a school function
<input type="checkbox"/> Electronic Communication:		<input type="checkbox"/> Other (describe):		

Type of incident (Check all that apply)

<input type="checkbox"/>	Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
<input type="checkbox"/>	Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
<input type="checkbox"/>	Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
<input type="checkbox"/>	Abuse (actions or statements that put an individual in fear of bodily harm)
<input type="checkbox"/>	Cyberbullying (misusing technology/social media to harass, tease, threaten, or post pictures (sexting))
<input type="checkbox"/>	Other (describe):

Who was involved in the incident? (Check all that apply) Student Employee Other: _____

Describe the specific nature of the incident. What happened? (Be as specific as possible). **What did the alleged offender say or do? Include any copies of text messages, emails, etc., if possible.** (Add extra pages if needed)

If there were any adults in the area when this happened, what did they do?

Types of bias involved (if known): (Check all that apply)

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Weight/Size	<input type="checkbox"/> National origin	<input type="checkbox"/> Ethnic group
<input type="checkbox"/> Religion	<input type="checkbox"/> Religious practice	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender
<input type="checkbox"/> Sex	<input type="checkbox"/> Other (describe):			

Name(s) of others who may have witnessed the incident: _____

Was the student absent from school as a result of the incident?

No Yes, Number of days student was absent: _____

Describe the impact this incident has had on you/the student (target):

Does the situation continue to occur? Yes No

What do you think should be done about the situation?

The following question is optional, but may help the District's investigation.

Have you previously complained about or provided information (verbal or written) about discrimination, harassment, hazing, or bullying, or related incidents to the District?

Yes No

You can contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whoever you are most comfortable with) for information or assistance at any time.