

Dignity Act Referral Form

Name of complainant: _____ Date submitted: _____

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 or location)

____ a parent or community member

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

What is the basis of the alleged violation/complaint?

____ National Origin ____ Gender ____ Religious Practice ____ Ethnic Group

____ Color ____ Religion ____ Sex ____ Weight

____ Disability ____ Race ____ Sexual Orientation ____ Other

Name and/or description of accused person (s): _____

Description of Alleged Harassment/Bullying/Discrimination/Incident: _____

Incident involved ____ physical contact and/or ____ verbal threats, intimidation or abuse.

Date, Time and Place of Incident: _____

Witnesses: _____

Referral received by: _____ Date: _____

DASA Incident Follow Up Form

Directions: This form is to be completed by a DASA Coordinator or Administrator and the complainant. The complainant must review and affirm the accuracy of the information recorded on this form.

Name: _____ **Student ID:** _____

Grade: _____ **Building:** _____ **Teacher:** _____

Interview with Complainant: _____

Date: _____

Interview with Accused: _____

Date: _____

Interview with Witnesses: _____

Date: _____

Interview with Others: _____

Date: _____

Disposition: _____

Date: _____

Signature of person completing form: _____

Date: _____