

School \_\_\_\_\_

Case # \_\_\_\_\_

Disposition: Founded    Unfounded (Circle one)



## Oswego City School District DASA



Dignity for All Students: Bullying, Harassment, or Discrimination Complaint Form

Bullying is intentional, harmful behavior initiated by one or more students and directed toward another student. Bullying exists when a student with more social and/or physical power deliberately dominates and harasses another, who has less power. Bullying is unjustified and typically repeated. Bullying, harassment, and discrimination are behaviors that are not tolerated in the Oswego City School District.

The following are **not** DASA protected: You need **not** fill out this form; however,

**If you are experiencing any of these, please see your school counselor**

Rude- When someone says or does something unintentionally hurtful

Mean- When someone says or does something intentionally hurtful

Conflict- When two parties are at odds and there is no real or perceived power differential. Both feel uncomfortable

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The following **are** DASA protected:

**If you are experiencing any of these, please fill out the form and leave in the main office**

Bullying-When someone says/does something intentionally hurtful and continues even when told them to stop

Harassment -aggressive pressure or intimidation

Discrimination- the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex

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Name of Complainant (Your name): \_\_\_\_\_ Date: \_\_\_\_\_

What is your involvement in the incident? (Circle)

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

Name of the person(s) allegedly bullying or harassing or discriminating:


\_\_\_\_\_

Description of Incident (including place(s) and time(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were any injuries reported? \_\_\_ No \_\_\_ Yes If yes, to whom? \_\_\_\_\_

Was the incident related to any of the following (Please circle if known):

Race	Color	National Origin	Ethnic Group
Religion	Religious Practice	Disability	Sexual Orientation
Gender	Sex	Other (describe) 	

Name(s) of any witnesses:

\_\_\_\_\_  
\_\_\_\_\_

Has an incident involving the same alleged offender been reported before? \_\_\_ No \_\_\_ Yes

If yes, when? \_\_\_\_\_ To whom? \_\_\_\_\_

If yes, what happened after the report was made? Did things improve or get worse?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person Receiving this Complaint: \_\_\_\_\_