

Brentwood Union Free School District
DASA Complaint Form
 School Year 2018- 2019

Targeted Student Information (Complete a form for each targeted student)		
Name:	Student Number:	Grade:
School:		

Complaint Information	
Date of Incident:	Location of Incident:
Date Incident Reported to School:	Complaint Source:

Alleged Offender(s) Information		
Name(s) of Alleged Offenders	Position (Student, Teacher, TA, etc.)	Student Number (if offender is a student)

Witness Information		
Name(s) of Witness(es)	Position (Student, Teacher, TA, etc.)	Student Number (If witness is a student)

Incident Type (check all that apply)			
	1(a) Occurred on school property		1(b) Occurred at a school function off school property
	2(a) intimidation or abuse but no verbal threat or physical contact		2(b) verbal threats but no physical contact
	2(c) physical contact but no verbal threat		2(d) both verbal threat and physical contact
	3(a) involved only student offender(s)		3(b) involving only employee offender(s)
	3(c) involving both student and employee offenders		

Other Incident Types			
	Written Aggression (pen and paper)		Cyber-bullying
	Sexting		Other

Nature of Incidents of Discrimination and/or Harassment (check all that apply)			
	(a) Race		(b) Ethnic Group
	(c) National Origin		(d) Color
	(e) Religion		(f) Religious Practice
	(g) Disability		(h) Gender
	(i) Sexual Orientation		(j) Sex
	(k) Weight		(l) Other

Summary of Complaint/Incident (include names, dates, times and other specific information)

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Confirmation of Complaint/Incident of Discrimination and/or Harassment	
Was this complaint confirmed as an incident of Discrimination and/or Harassment?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, explain why below:	

Action Taken as the Result of This Incident (Check all that apply)			
<input type="checkbox"/>	Administrative Conference	<input type="checkbox"/>	Environmental Modification
<input type="checkbox"/>	Counseling	<input type="checkbox"/>	Privileges Lost
<input type="checkbox"/>	Referrals/Resources to Parents or Guardians	<input type="checkbox"/>	Detention
<input type="checkbox"/>	Parents or Guardians Contacted	<input type="checkbox"/>	In-School Suspension
<input type="checkbox"/>	Behavior Plan	<input type="checkbox"/>	Out of School Suspension
<input type="checkbox"/>	Contract	<input type="checkbox"/>	Superintendent's Hearing
<input type="checkbox"/>	Schedule Modification	<input type="checkbox"/>	Police Contacted
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other

Notes on Actions Taken (Provide details below)

Staff Members Involved in This Investigation			
Name of Staff Member	Staff Member's Title	Name of Staff Member	Staff Member's Title