



P.O. Box 192 21187 NY 22
Hoosick Falls, NY 12090
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DASA Bullying/Harassment Complaint Form

All complaints will be treated in a confidential manner. Anonymous reports may limit the district's ability to respond to the complaint. False reporting of incidents may result in disciplinary consequences and may be reported to an appropriate law enforcement agency.

Name of Complainant: _____ Date of Complaint: _____

Name of Alleged Perpetrator: _____ Name of Victim: _____

Date and location of incident: _____

Description of incident:

Were any injuries reported? ___ No ___ Yes - Description _____

Name(s) of witness(s) (if any):

Were parents notified? ___ No ___ Yes- notification done by _____ Date _____

To your knowledge, have there been any prior incidents of similar behavior? ___ No ___ Yes

If yes, please explain: _____

In your opinion, the student named above was targeted because of his/her actual or perceived (check all that apply):

___ Race	___ Color	___ Weight/size
___ National Origin	___ Ethnic Group	___ Religion
___ Religious Practice	___ Disability	___ Sexual Orientation
___ Sex	___ Gender	___ Other _____

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