

# North Salem School District DASA Complaint Intake

## Bullying, Harassment and Discrimination

Today's Date: \_\_\_\_\_

School: \_\_\_\_\_

Person Reporting Incident (Check One)

Student

Parent/Guardian

Staff Member

Other

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location of Incident: (please be specific) \_\_\_\_\_

Person believed to be victim of discrimination or harassment: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of Accused: \_\_\_\_\_

Grade: \_\_\_\_\_

	Name of Witness	Grade of Witness (If known)
1.		
2.		
3.		

Please briefly describe what was observed/reported:

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Please return complaint form to the school building's DASA Coordinator.

PQ- Ms. Mary Johnson

MS/HS- Dr. Kathleen Murphy