



Riverhead Central School District
DASA Complaint Form

Targeted Student Information <i>(Complete a form for each targeted student)</i>		
Student ID#	Name:	Grade:
School: Riverhead High School		

Complaint Information	
Date of Incident:	Location of Incident:
Date Incident Reported to School:	Complaint Source <i>(person making the complaint)</i> :

Alleged Offender(s) Information		
Student ID# <i>(if applicable)</i>	Name(s) of Alleged Offenders	Position <i>(Student, Teacher, Security, etc.)</i>

Witness Information		
Student ID# <i>(if applicable)</i>	Name(s) of Witness (es)	Position <i>(Student, Teacher, Security, etc.)</i>

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

Other Incident Types	
<input type="checkbox"/>	Written Aggression (pen and paper)
<input type="checkbox"/>	Cyber-bullying
<input type="checkbox"/>	Sexting
<input type="checkbox"/>	Other

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



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

Was this complaint confirmed as an incident of Discrimination and/or Harassment?		
Yes		No (If No, explain why below)

Action Taken as the Result of This Incident (Check all that apply)			
	Administrative Conference		Disciplinary Action
	Building Based Counseling		Privileges Lost
	Referrals/Resources to Parents/Guardians		Detention
	Parents or Guardians Contacted (Required)		In-School Suspension
	Behavior Plan		Out of School Suspension
	Stay Away Contract		Superintendent's Hearing
	Schedule Modification		Police Contacted
	Other:		Other:

School Safety Plans developed? (Please attach)		
	Safety Plan for Target	Safety Plan for Aggressor

Staff Members Involved in This Investigation	Staff Member's Title

***Please return a completed copy to your building DASA Coordinator ASAP.**