

BOARD OF COOPERATIVE EDUCATIONAL SERVICES  
SOLE SUPERVISORY DISTRICT  
FRANKLIN-ESSEX-HAMILTON COUNTIES

**DASA Complaint Form**

<b>Name:</b>	<b>Grade:</b>	<b>Today's Date:</b>
<b>School District:</b>	<b>Date of Incident:</b>	

**Describe the incident(s). Please include when and where it happened. Be specific (Attach additional papers, if necessary):**


**List the name(s) of the individual(s) accused of instigating the incident:**


**Were there any witnesses? Yes  No  If yes, please list the individual(s).**


*I certify that all statements on this form are accurate and true to the best of my knowledge.*

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*(Signature)*

*(Date)*

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.). **Return this form to the Principal or Dignity Act Coordinator.** In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff. Anonymous complaints will be processed to the extent possible.