

**INITIAL REPORT FORM FOR ALLEGED BULLYING,  
HARASSMENT AND DISCRIMINATION**

Name of Person making the complaint: \_\_\_\_\_ Date of incident: \_\_/\_\_/\_\_

Please check one: Student: \_\_\_ Teacher: \_\_\_ Other: \_\_\_ School or Dept. \_\_\_\_\_

Name(s) of witnesses \_\_\_\_\_

**Statement of Complainant:** Describe your complaint – i.e. why you feel you have been discriminated against in as much detail as possible. Include names, dates witnesses, etc. Use additional sheets if necessary.

**Solution Requested by Complainant:**

Signature of individual who completed this form: \_\_\_\_\_ Date: \_\_\_\_\_

Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Building DASA Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete this report within 2 school days following the verbal report to the DASA Coordinator.**

**Please forward this form to your building DASA Coordinator. They will be in contact with you for more details within two days.**

**Copies of this form may be obtained in the Main Office, Guidance Office, DASA Coordinators Office or Skills/Support Room of your building.**