



Dignity for All Students Act
Bullying, Harassment and Discrimination Complaint Form
 The purpose of this form is to inform the district of an incident, or series of incidents, of bullying and/or harassment so we can investigate and take appropriate steps.

PLEASE RETURN FORMS TO THE FOLLOWING DIGNITY COORDINATOR

Elementary School
 Mrs. Erica Sinicropi

High School
 Mr. Kim Brown

Today's date: _____

Person filling out this form:

- | | |
|--|---|
| <input type="checkbox"/> Student (Grade _____) | <input type="checkbox"/> Staff Member |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Community Member |

Contact Information of person filling out this form:

Name: _____

Phone Numbers: (Home) _____ (Cell) _____ (Work) _____

Incident Information

The basis of the actual or perceived bullying, harassment or discrimination is:

- | | | |
|--|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> Sex |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Gender | |
| <input type="checkbox"/> Other | | |

Name(s) of individual(s) involved: _____

Is the person(s) involved a (check all that apply):

- Student
- Employee

Description of alleged bullying, harassment and discrimination:

- Date(s) of the alleged incident(s): _____
- Where did the incident(s) take place? _____
- Explain what happened (use additional paper if necessary and attach any supporting documentation (ie. copies of emails, notes, photos, etc.): _____

- Were there any witnesses? ____YES ____NO
 If YES, please list the name(s) of the individual(s): _____
- Has the incident been previously reported? ____YES ____NO
 If YES, when and to whom? _____

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

Signature: _____ Date: _____

(For Office Use Only)

Person(s) investigating the incident:

- _____ *Title:* _____
- _____ *Title:* _____

Describe, in detail, how the investigation was handled

What is the result of the investigation?

- Unfounded

Explain why incident was unfounded: _____

If founded, indicate type:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Cyber bullying |

Where did the incident occur?

- On school property
- At school-sponsored function off school grounds
- Off school grounds but is causing issues in school

What type of behavior did the incident include?

- Intimidation or abuse but no verbal threat or physical contact
- Verbal threat but no physical contact
- Physical contact but no verbal threat
- Both verbal threat and physical contact

Corrective action that was taken: _____

Provide copies of documentation pertaining to corrective action (ie. referrals, counseling notes, etc.)

Parent(s) contacted: _____ **Date:** _____

Signature of staff member completing this form: _____

Date: _____

Once this form is complete, a copy must go to the appropriate Dignity Coordinator
Elementary – Mrs. Sinicropi Secondary – Mr. Brown

