

# Middleburgh Central School District

## DIGNITY FOR ALL STUDENTS ACT (DIGNITY ACT) COMPLAINT FORM

**\*Indicates Reporting Requirement for the Dignity of All Students Act**

Complainant Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Complainant Contact Information

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Target (Victim's) Name: \_\_\_\_\_

Sex: M / F (Circle One)

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

Offender's Name: \_\_\_\_\_

Sex: M / F (Circle One)

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

Offender's Name: \_\_\_\_\_

Sex: M / F (Circle One)

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

Offender's Name: \_\_\_\_\_

Sex: M / F (Circle One)

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

Was offender a student, employee or both? \_\_\_\_\_

Witness name and contact information:

\_\_\_\_\_

### INCIDENT DESCRIPTION OF DISCRIMINATORY AND/OR HARASSING BEHAVIORS

\*Type of bias based on the person's actual or perceived conduct (check all that apply):

- |  |                                   |  |  |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Race                          | <input type="checkbox"/> Color    | <input type="checkbox"/> Weight              | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ethnic Group                  | <input type="checkbox"/> Religion | <input type="checkbox"/> Religious Practices | <input type="checkbox"/> Disability      |
| <input type="checkbox"/> Sexual Orientation            | <input type="checkbox"/> Gender   | <input type="checkbox"/> Sex                 | <input type="checkbox"/> Not sure        |
| <input type="checkbox"/> Other, please describe: _____ |                                   |  |  |

\*Description of the incident: \_\_\_\_\_

\_\_\_\_\_

### \*Incident involved (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Intimidation or abuse but no verbal threat or physical contact | <input type="checkbox"/> Both verbal threat and physical contact |
| <input type="checkbox"/> Verbal threats but no physical contact                         | <input type="checkbox"/> Only student offenders                  |
| <input type="checkbox"/> Physical contact but no verbal threat                          |  |