

MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT
DIGNITY ACT COMPLAINT FORM

Name of targeted student: _____ Gender: _____

who is in grade: _____ at _____ (school/location)

Date _____ and time _____ of incident(s)

- Place of incident(s): [] On school property (including school bus)
[] At a school-sponsored function
[] Off school property

This report is being made due to a(n):

- [] Employee, who directly observed an incident or series of incidents
Employee's name _____ and title _____
[] Employee, who was made aware of an incident or series of incidents
Employee's name _____ and title _____
[] Parent or community member
Complainant's name _____, relationship to targeted student _____
Telephone and other contact information: _____
[] Other, name _____ relationship to targeted student/district _____
Telephone and other contact information: _____

Basis of this complaint/grievance:

- _____ Race _____ Religion _____ Gender
_____ Ethnic Group _____ Religious Practice _____ Sex
_____ National Origin _____ Disability _____ Sexual orientation
_____ Color _____ Weight
_____ Other / Not sure (Please briefly explain): _____

Name of offending person(s): _____, in grade: _____ Gender: _____
_____, in grade: _____ Gender: _____
or, Employee name: _____, Building: _____

- Incident is a result of: [] Student and/or
[] Employee conduct

Description of alleged harassment/bullying/discrimination incident(s): _____

- The incident(s) involved: [] Intimidation or abuse, but no verbal threat(s) or physical contact
[] Verbal threat(s) but no physical contact
[] Physical contact but no verbal threat(s)
[] Verbal threat(s) and physical contact

Witnesses, if any, or others with knowledge or information important to this investigation, including
contact information for each: _____

Signature of Employee or Complainant _____

Date _____