MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT  7550F
DIGNITY ACT COMPLAINT FORM

Name of targeted student:__________________________________________, [ ] Male [ ] Female,
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 grounds
[ ] Off school grounds

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: ______ [ ] Male [ ] Female

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 __________