

Notice of Non-Discrimination

Mount Pleasant Cottage School UFSD prohibits all forms of illegal harassment, discrimination or violence based on race, color, creed, religion, national origin, sex, marital status, disability, status with regard to public assistance, sexual orientation, membership or activity in a local human rights commission, or age. Engaging in this kind of conduct against students, MPCS UFSD personnel or other persons is discrimination and a violation of the U.S. Civil Rights Act. The School District also prohibits hazing. All persons are to be treated with respect and dignity. Illegal harassment, discrimination, violence for hazing by any person, which creates a demeaning or hostile environment, will not be tolerated under any circumstances.

**Mount Pleasant Cottage School UFSD
1075 Broadway, PO Box 8
Pleasantville, New York 10570
914-769-0456**

Dignity Act Coordinator/Section 504/Title II Officer:

James Gaudette, Superintendent of Schools

Dignity Act Complaint Form (Attached)

**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
_____, 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