

Washingtonville Central School District Dignity Act Complaint Form

Name of Complainant: _____ ID #: _____ Grade _____

Date of Complaint _____

Complainant Contact Information: _____

Alleged Perpetrators of the Discrimination/Harassment:

Basis of this complaint: (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 Practice	<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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Description of Incident(s):

Names of Witness to the Incident:

Incident involved (check all that applies)?

- Involving intimidating or abuse but no verbal threat or physical contact
- Involving verbal threats but no physical contact
- Involving physical contact but no verbal threats
- Involving both verbal and physical threats
- Involving only students offenders

Location: Other

<input type="checkbox"/> Bus	<input type="checkbox"/> Lavatory	<input type="checkbox"/> Hallway	<input type="checkbox"/> Playground
<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Office	<input type="checkbox"/> Health Office	<input type="checkbox"/> Library
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Athletic Field	<input type="checkbox"/> Computer Lab	<input type="checkbox"/> Off-School Property <input type="checkbox"/> Locker Room <input type="checkbox"/> Other _____

Approximate Time: _____

Was this incident:

- A result of an investigation of a written or oral complaint; OR
- Directly observed

Names of others you may have discussed this complaint/incident/grievance with

Are there observable changes in the student's (target) behavior (check all that apply)?

<input type="checkbox"/> Attendance	<input type="checkbox"/> Grades	<input type="checkbox"/> Depression	<input type="checkbox"/> Feelings about self/others
<input type="checkbox"/> Anti-social behaviors	<input type="checkbox"/> Self-destructive behaviors	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Social interactions
<input type="checkbox"/> Other, Explain:			

Actions Taken by School:

<input type="checkbox"/> Meeting w/ principal or designee	<input type="checkbox"/> Verbal correction	<input type="checkbox"/> Parent/guardian contacted
<input type="checkbox"/> Increased supervision	<input type="checkbox"/> Meeting with guidance counselor/school psychologist	<input type="checkbox"/> Conflict resolution
<input type="checkbox"/> Awareness/sensitivity session (1 on 1 with DAC, guidance, teacher etc.)	<input type="checkbox"/> Referral to counseling services for bias-based bullying, harassing or discriminatory behaviors	<input type="checkbox"/> Community service (with parental permission)
<input type="checkbox"/> Lunch Detention	<input type="checkbox"/> After-school Detention	<input type="checkbox"/> Suspension from activity or class
<input type="checkbox"/> Behavioral plan	<input type="checkbox"/> Teacher removal	<input type="checkbox"/> Transfer to alternate education
<input type="checkbox"/> ISS Full Day Partial Day	<input type="checkbox"/> OSS Full Day Partial Day	<input type="checkbox"/> Bus Suspension
<input type="checkbox"/> Disciplinary Meeting (School Staff)		
<input type="checkbox"/> Other		

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

Signature of Complainant _____ Date _____

Person taking the report: _____

Conclusion of Investigation:

Follow – up with complainant made on _____ via _____
Date phone, meeting, mail

Signature of Building Level Dignity Act Coordinator

Appeal to District Level Dignity Act Coordinator on _____
Date