



Dignity for All Students Act Complaint Form

Dignity Act Coordinators:

Building Principal and Building Social Worker

Reporter's Name:		Date:
Reporter's Contact Information: Home Phone: Cell: Address: Email:		
Is the Reporter: <input type="checkbox"/> Employee, <input type="checkbox"/> Student, <input type="checkbox"/> Parent/Guardian or <input type="checkbox"/> Other– Please specify (choose one)		
Alleged Target (Victim/s) Name:	Sex	Grade
Alleged– Offender/s Name:	Sex	Grade/Position
Was Alleged Offender a <input type="checkbox"/> Student or <input type="checkbox"/> Employee (choose one)		
School attends/works:		
Administrator/Dignity Act Coordinator:		
Witness/es Name: Contact Information: Witness/es Name: Contact Information:		

Incident Description of Discriminatory and/or Harassing Behaviors

Type of bias based on the person's actual or perceived:

- race color weight national origin
 ethnic group religion religious practices disability
 sexual orientation gender sex
 Other:

Description of the Incident. What did the alleged offender(s) say or do? Include cyber evidence if possible when appropriate.

What happened right after the incident occurred?

Other Alleged Discriminatory and/or Harassing Incidents, if any

Is there a history of conflict between those involved? ___ YES ___ NO

If so, please explain,

Have you reported this behavior before? ___ YES ___ NO If yes, when _____

If so, to whom? _____ What was done? _____

Incident Type (choose all that apply)

<input type="checkbox"/> 1.a Incidents occurring on school property grounds <input type="checkbox"/> 1.b Incidents occurring at school-sponsored function off school <input type="checkbox"/> 1.c Incidents off school property, on bus, playground, in community etc... <input type="checkbox"/> 1.b Incidents involving cyberbullying, social media, text messages	<input type="checkbox"/> 2.a Incidents involving intimidation or abuse but no verbal threat or physical contact <input type="checkbox"/> 2.b Incidents involving verbal threat but no physical contact <input type="checkbox"/> 2.c Incidents involving physical contact but no verbal threat <input type="checkbox"/> 2.d Incidents involving both verbal threat and physical contact	<input type="checkbox"/> 3.a Incidents involving only student offenders <input type="checkbox"/> 3.b Incidents involving only employee offenders <input type="checkbox"/> 3.c Incidents involving both student and employee offenders
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Location:

Approximate Time/_____ Date of incident(s):_____

Are there observable changes in the student's (target) behavior? OR was the educational environment impacted? (Choose all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> grades | <input type="checkbox"/> social interaction |
| <input type="checkbox"/> feelings about self or others | <input type="checkbox"/> antisocial behaviors | <input type="checkbox"/> self-destructive behaviors |
| <input type="checkbox"/> withdrawal | <input type="checkbox"/> depression | <input type="checkbox"/> other |

Actions Taken-*TO BE COMPLETED BY ADMINISTRATOR OR DIGNITY ACT COORDINATOR*

What actions, if any, were taken in response to the incident described above (check all that apply)?

<input type="checkbox"/> Met with Principal/Designee	<input type="checkbox"/> Parent Called	<input type="checkbox"/> Verbal Correction
<input type="checkbox"/> Increased Supervision	<input type="checkbox"/> Guidance/Counseling Support	<input type="checkbox"/> Conflict Resolution/Mediation
<input type="checkbox"/> Awareness/Sensitivity Session (1-1 with counselor, DAC, teacher, etc.)	<input type="checkbox"/> Lunch Detention	<input type="checkbox"/> After School Detention
<input type="checkbox"/> Other prevention or intervention strategy, explain:		
<input type="checkbox"/> Suspension from Class or Activities	ISS: <input type="checkbox"/> Full Day <input type="checkbox"/> Partial Day	OSS: <input type="checkbox"/> Full Day <input type="checkbox"/> Partial Day
<input type="checkbox"/> Behavioral Plan	<input type="checkbox"/> Referral to Counseling or Treatment Program	<input type="checkbox"/> Teacher Removal (3214)
<input type="checkbox"/> Transfer to Alternative Education	<input type="checkbox"/> Law Enforcement Notified	
<input type="checkbox"/> Other:		

PART 2-INVESTIGATION, FINDINGS & RECOMMENDATIONS

Add additional pages if necessary

Person(s) Investigating: _____

Investigation Notes:

FINDINGS:

_____ Complaint was **FOUNDED** at this time

_____ Complaint was **UNFOUNDED/NOT MATERIAL** at this time

PARENT/ GUARDIAN of Alleged Target (victim/s) _____

CONTACTED BY _____ ON (date) _____ AT (time) _____ Email / phone / other

PARENT/ GUARDIAN of Alleged Offender _____ CONTACTED

BY _____ ON (date) _____ AT (time) _____ Email / phone / other

Follow-Up Plan with Involved Parties

ADMINISTRATOR/DIGNITY ACT COORDINATOR (name)_____ will follow up with Alleged Target (victim/s)_____ ON (date) _____ AT (time) _____.

ADMINISTRATOR/DIGNITY ACT COORDINATOR (name)_____ will follow up with Alleged Offender/s_____ ON (date) _____ AT (time) _____.

Administrator/Dignity Coordinators involved:

Signature:_____

Date:_____

Signature:_____

Date:_____

Signature:_____

Date:_____