

**Dignity for All Students (Dignity Act) School Complaint Form**  
(\* Indicates reporting requirement for the Dignity Act for All Students Act)

Complainant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
School/Position: \_\_\_\_\_

Target (Victim/s) Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Offender/s Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade/Position: \_\_\_\_\_  
Offender/s Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade/Position: \_\_\_\_\_  
Offender/s Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade/Position: \_\_\_\_\_

Circle all that apply: \*Was the offender a: Student, Employee, or Both?

Location of Incident: \_\_\_\_\_  
\_\_\_\_\_

Witness/es Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_  
Witness/es Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_  
Witness/es Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

**Dignity Act Coordinators:**

MS: Robert Cosmer MS: Anthony J. Peconie MS: Tim O'Connell

**Incident Description of Discriminatory and/or Harassing Behaviors**

\*Type of bias based on the person's actual or perceived (check all that apply)

- Race       Color       Weight       National Origin  
 Ethnic Group       Religion       Religious Practices       Disability  
 Sexual Orientation       Gender       Sex       Not Sure  
 Other, please describe: \_\_\_\_\_

\*Description of the Incident (Be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Incident involved (check all that apply)

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

9/2014

**Office Use Only**

Action Taken:

DASA reportable:

Yes       No