

**MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT
DIGNITY ACT COMPLAINT FORM**

You may contact the Dignity Act Coordinator, a counselor, or other staff member (whoever you are most comfortable with) for information or assistance with completing this form at any time. If you are uncertain about any information, it can be left blank.

Information about the Complainant

(The person who is making the report of harassment, bullying, and/or discrimination)

First and last name: _____

Complainant's relationship to the District:

(Check all that apply)

☐ Student (target) ☐ Staff member

☐ Student (witness) ☐ Other _____

☐ Parent/legal guardian

Primary building or location: _____

Further details including, if applicable, grade or title: _____

Complainant's contact information:

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email: _____

Select preferred communication method:

☐ Home phone ☐ Cell phone ☐ Work phone ☐ Email ☐ In-person

Describe complainant's involvement in the incident:

☐ I was directly involved in the incident. ☐ I observed the incident.

☐ I heard about the incident.

Information about the Targeted Student

(The person alleged to have experienced the harassment, bullying, and/or discrimination.)

Name of targeted student: _____,

who is in grade: _____ at _____ (school/location)

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Information about the Alleged Offender(s)

(The person alleged to have perpetrated the discrimination, harassment, and/or retaliation.)

Name of alleged offender(s): _____, in grade: _____
_____, in grade: _____

Incident is a result of:

(Check all that apply)

☐ Student conduct ☐ Employee conduct

Information about the Alleged Incident(s)

Where did the incident happen:

(Check all that apply)

- ☐ On school property (including on school transportation)
- ☐ At school function off school property
- ☐ Off school property (that creates a risk of disruption within the school environment)

When did the incident happen:

(Check all that apply)

- ☐ During regular school hours
- ☐ Outside regular school hours

Type of incident:

(Check all that apply)

- ☐ Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
- ☐ Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
- ☐ Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
- ☐ Abuse (actions or statements that put an individual in fear of bodily harm)
- ☐ Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures (sexting))
- ☐ Other [describe] _____

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Indicate the basis of harassment, bullying, and/or discrimination:
(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religious practice |
| <input type="checkbox"/> Color | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Weight | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Gender [including gender identity or expression] |
| <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Religion | |

☐ Other [specify what you believe to be the basis of the harassment, bullying, and/or discrimination]

Describe the alleged incident(s) of harassment, bullying, and/or discrimination and how it has affected you. **Include any known date(s), time(s), and place(s) of the alleged incident(s)**, as well as information about whether there were any adults in the area when the alleged incident(s) occurred and, if so, what they did.

Is the harassment, bullying, and/or discrimination continuing? ☐ Yes ☐ No

Was the targeted student absent from school as a result of the incident ☐ Yes ☐ No

If yes, indicate the number of days student was absent: _____

Information about Witnesses

List the names and known contact information for any witnesses, individuals who may have information related to this report, or individuals you have discussed the alleged incident(s) with:

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Additional Information

You may use additional sheets of paper if needed and attach any relevant materials or evidence to this complaint form.

Indicate how many additional sheets of paper have been attached: _____

Identify all relevant materials and evidence that have been attached: _____

I certify that the facts in this report are true to the best of my knowledge, information, and belief.

First and last name: _____

Signature: _____

Date: _____

For District Use Only

Complaint initially received on: _____

Form initially completed by:

☐ The complainant

☐ _____ based on an oral report
(name and title)

☐ _____ based on a written report
(name and title)

☐ Other _____

Indicate to whom and the date that this complaint was forwarded, if at all: _____
