## Dignity for All Students Act

Bullying, Harassment and Discrimination Complaint Form

The purpose of this form is to inform the district of an incident, or series of incidents, of bullying and/or harassment so we can investigate and take appropriate steps.

PLEASE RETURN COMPLETED FORM TO THE FOLLOWING DIGNITY COORDINATOR
Elementary School: Mrs. Tracy Musso High School: Mr. Kim Brown

Toda	y's date:		
Perso	on filling out this form:		
0	Student (Grade)		
O	Parent/Guardian		
0	Staff Member		
0	Community Member		
	tact Information of person f		
Phon	e: e Numbers: (Home)	(Cell)	(Work)
		Incident Informati	on
The	basis of the actual perceive	d bullying, harassmen	at, or discrimination is:
O	Race		
0	Color		
О	National Origin		
0	Ethnic Group		
O	Other		
O	Religion		
O	Religious Practice		
O	Disability		
O	Gender		
O	Sexual Orientation		
O	Sex		
0	Weight		
Nam	e(s) of individual(s) involve	ed:	
$\it Is\ th$	e person(s) involved a (chec	k all that apply)	
0	Student		
0	Employee		
Desc	ription of alleged bullying, Date(s) of the alleged incider		
•	Where did the incident(s) tal		

Were there any witnesses? If YES, please list names(s	YES NO s) of individuals:
	viously reported?YESNO
tify that all statements on thi	is form are accurate and true to the best of my knowledge.
ature:	Date:
son(s) investigating the in	c we iv.
Name:	Title: Title:
Name:	Title: Title:
Name:	Title: Title:
Name:	Title: Title: westigation was handled
Name:	Title: Title: westigation was handled
Name:	Title:
Name:	Title: Title: westigation was handled

## If founded, indicate type:

- o Harassment
- o Bullying
- o Discrimination
- o Cyberbullying

## Where did the incident occur?

- o On school property
- o At a school-sponsored function off school grounds
- o Off school grounds but is causing issues in school

## What type of behavior did the incident include?

- o Intimidation or abuse but no verbal threat or physical contact
- o Verbal threat but no physical contact
- o Physical contact but no verbal threat
- o Both verbal threat and physical contact

Corrective action that was taken:
Provide copies of documentation pertaining to corrective action (Referrals, counseling notes, etc.)
Parent(s) contacted:
Date:
Signature of staff member completing this form:
Date:

Once this form is complete, a copy must go to the appropriate Dignity Coordinator

Elementary - Mrs. Musso Secondary - Mr. Brown