



## 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 FORMS TO THE FOLLOWING DIGNITY COORDINATOR

Elementary School  
Mrs. Erica Sinicropi

High School  
Mr. Kim Brown

Today's date: \_\_\_\_\_

Person filling out this form:

- |  |   |
|--|---|
| <input type="checkbox"/> Student (Grade _____) | <input type="checkbox"/> Staff Member     |
| <input type="checkbox"/> Parent/Guardian       | <input type="checkbox"/> Community Member |

Contact Information of person filling out this form:

Name: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

### Incident Information

The basis of the actual or perceived bullying, harassment or discrimination is:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Religion           | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> Sex                |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability         | <input type="checkbox"/> Weight             |
| <input type="checkbox"/> Ethnic Group    | <input type="checkbox"/> Gender             |   |
| <input type="checkbox"/> Other           |   |   |

Name(s) of individual(s) involved: \_\_\_\_\_

Is the person(s) involved a (check all that apply):

- Student
- Employee

Description of alleged bullying, harassment and discrimination:

- Date(s) of the alleged incident(s): \_\_\_\_\_
- Where did the incident(s) take place? \_\_\_\_\_
- Explain what happened (use additional paper if necessary and attach any supporting documentation (ie. copies of emails, notes, photos, etc.): \_\_\_\_\_  
\_\_\_\_\_
- Were there any witnesses? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, please list the name(s) of the individual(s): \_\_\_\_\_
- Has the incident been previously reported? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, when and to whom? \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(For Office Use Only)**

**Person(s) investigating the incident:**

- \_\_\_\_\_ **Title:** \_\_\_\_\_
- \_\_\_\_\_ **Title:** \_\_\_\_\_

**Describe, in detail, how the investigation was handled**

---

---

---

---

---

**What is the result of the investigation?**

- Unfounded

Explain why incident was unfounded: \_\_\_\_\_

**If founded, indicate type:**

- Harassment
- Bullying
- Discrimination
- Cyber bullying

**Where did the incident occur?**

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

**What type of behavior did the incident include?**

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

**Corrective action that was taken:** \_\_\_\_\_

---

---

---

---

**Provide copies of documentation pertaining to corrective action (ie. 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. Sinicropi      Secondary – Mr. Brown**