



## DIGNITY ACT COMPLAINT FORM

Name of Complainant \_\_\_\_\_ Date Submitted \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

The Complainant is: (check all that apply):

\_\_\_\_\_ an employee, holding the position of \_\_\_\_\_ at \_\_\_\_\_ (location)  
\_\_\_\_\_ a student, grade \_\_\_\_\_ at \_\_\_\_\_ (school)  
\_\_\_\_\_ a parent or community member  
\_\_\_\_\_ other (please specify your relationship or association to the school district) \_\_\_\_\_

Basis of this complaint/grievance:

\_\_\_\_\_ race \_\_\_\_\_ color \_\_\_\_\_ weight \_\_\_\_\_ national origin \_\_\_\_\_ ethnic group  
\_\_\_\_\_ religion \_\_\_\_\_ gender \_\_\_\_\_ disability \_\_\_\_\_ religious practice \_\_\_\_\_ sex  
\_\_\_\_\_ sexual orientation  
\_\_\_\_\_ other (briefly describe) \_\_\_\_\_

Name and/or description of accused person(s) \_\_\_\_\_

Description of alleged harassment/bullying/discrimination/incident: \_\_\_\_\_  
\_\_\_\_\_

Incident is a result of \_\_\_\_\_ student and/or \_\_\_\_\_ employee conduct.

Incident involved \_\_\_\_\_ physical contact and/or \_\_\_\_\_ verbal threats, cyber bullying, intimidation or abuse.

Date, Time and Place of Violation(s): \_\_\_\_\_

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each:  
\_\_\_\_\_

Others you may have discussed this complaint/grievance/incident with, including contact information for each: \_\_\_\_\_

Has this incident/discrimination been previously reported? [ ]Y [ ]N If yes, when and to whom?  
\_\_\_\_\_

Describe the remedy, outcome or resolution: \_\_\_\_\_

Remedy sought by Complainant: \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature of Complainant \_\_\_\_\_

*This form is to be used for complaints based on the Dignity for All Students Act – 8 NYCRR 100.2 (kk)*