

WARWICK VALLEY CENTRAL SCHOOL DISTRICT
DIGNITY ACT COMPLAINT FORM

7550F

Name of targeted student: _____, [] Male [] Female,

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

Date _____ and time _____ of incident(s)

Place of incident(s): [] On school property (including school bus)
[] At a school-sponsored function off school grounds
[] Off school grounds

This report results from a(n):

- [] Employee, who *directly observed* an incident or series of incidents
Employee's name _____ and title _____
[] Employee, who *was made aware* of an incident or series of incidents
Employee's name _____ and title _____
[] Parent or community member
Complainant's name _____, relationship to targeted student _____
Telephone and other contact information: _____
[] Other, name _____ relationship to targeted student/district _____
Telephone and other contact information: _____

Basis of this complaint/grievance:

_____ Race _____ Religion _____ Gender (including identity or expression)
_____ Ethnic Group _____ Religious Practice _____ Sex
_____ National Origin _____ Disability _____ Sexual orientation
_____ Color _____ Weight _____
_____ Other/Not sure (Explain): _____

Name of alleged offender(s): _____, in grade: _____ [] Male [] Female
_____, in grade: _____ [] Male [] Female

Incident is a result of: [] Student and/or
[] Employee conduct

Description of alleged harassment/bullying/discrimination incident(s): _____

The incident(s) involved: [] Intimidation or abuse, but no verbal threat(s) or physical contact
[] Verbal threat(s) but no physical contact
[] Physical contact but no verbal threat(s)
[] Verbal threat(s) and physical contact

Witnesses, or others with knowledge or information important to this investigation, including contact information for each: _____

Signature of Employee or Complainant _____

Date _____