

VALLEY STREAM UNION FREE SCHOOL DISTRICT TWENTY-FOUR

Dignity for All Students Act (Dignity Act) Complaint Form

(Completed form should be returned to the Building Principal or Dignity Act Coordinator)

*** Indicates Reporting Requirement for the Dignity Act for All Students Act**

Complainant Name:		Date:
Complainant Contact Information		
Home and/or Cell Phone:		
Address:		
Email:		
School:		
Target (Victim/s) Name:	Grade	
Offender/s) Name:	Grade / Position	
Offender/s) Name:	Grade / Position	
Offender/s) Name:	Grade / Position	
*Was Offender a Student, Employee or Both? (circle all that apply)		
Witness/es Name and Contact Information:		

Incident Description of Discriminatory and/or Harassing Behaviors

***Alleged motives for why the bullying, harassment, or intimidation occurred (check all that apply):**

- | | | | |
|---|-----------------------------------|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Weight | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Religion | <input type="checkbox"/> Religious Practices | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Gender | <input type="checkbox"/> Sex | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> To Impress Others <input type="checkbox"/> Just to be Mean | | | |
| <input type="checkbox"/> Other, please describe: | | | |

***Description of the Incident (please use additional paper, as needed):**

***Incident involved (check all that applies)?**

- ☐ Involving intimidating or abuse, but no verbal threat or physical contact
☐ Involving verbal threats, but no physical contact
☐ Involving physical contact, but no verbal threat
☐ Involving both verbal threat and physical contact

***Location of Incident:**

- ☐ On school property
☐ Off school property school grounds (specify): _____
☐ On a school bus
☐ On the way to/from school
☐ At a school function, activity, or event (specify): _____
☐ Other (specify): _____

***Approximate Time of Incident:** _____

*** Has this incident/discrimination been previously reported?**

- ☐ Yes
☐ No

*If yes, when and to whom? Date: _____ Reported to: _____

Are there observable changes in the student's (target) behavior (check all that apply)?

<input type="checkbox"/> Attendance	<input type="checkbox"/> Grades	<input type="checkbox"/> Depression	<input type="checkbox"/> Feelings about self/others
<input type="checkbox"/> Antisocial behaviors	<input type="checkbox"/> Self-destructive behaviors	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Social interaction/s
<input type="checkbox"/> Other, explain:			

Signature of Complainant/Reporter: _____ **Date:** _____