



Dignity for All Students Act Complaint Form

(For District/School Files Only)

To be completed by the person reporting the incident or the person receiving the complaint and/or investigating the incident.

Name of School at which the incident(s) occurred or where the alleged student target attends:

Today's date: _____

Name of person reporting incident (you may choose to remain anonymous): _____

Role of person reporting incident (*Check one*)

Name of student target (student alleged to be the subject of bullying, harassment or discrimination):

School attended by the student target:

Name(s) of alleged offender(s) (person alleged to have bullied, harassed or discriminated against the target):

School at which the alleged offender attends or works:

Date(s) and time(s) of incident(s):

Where did the incident(s) occur? (*Check all that apply*)

name of school building

name location

Who was involved in the incident?

Describe what happened. *(Be as specific as possible)*. What did the alleged offender say or do? Include copies of any text messages, emails, phone logs, notes, photographs or other documents, if possible.

(Add extra pages if needed)

If there were any adults in the area when this happened, what did they do?

Types of bias allegedly involved, if applicable: Based upon the alleged target's actual or perceived: *(Check all that apply)*

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

Return this form to the building principal, the building principal's designee, a member of the Dignity Act Coordination Team or the Dignity Act Coordinator for the school at which the incident occurred or where you or the alleged student target attends or to the District-Wide Coordinator (the names of these individuals are available on the District's website).

You can contact any one of these individuals, a guidance counselor, or any other District staff member, for information or assistance with respect to this report at any time.