



ANDES CENTRAL SCHOOL DISTRICT DIGNITY ACT COMPLAINT FORM

**Dignity Act Coordinators:** Maureen Burton / Dora Chambers

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

**Name of person reporting incident:** \_\_\_\_\_

**Role of person reporting incident: (Check one):**  Anonymous report

Student being Targeted     Student Witness     Parent/Guardian     Staff Member     Other:

**Name of target:** *(student being bullied, harassed or discriminated against)*

\_\_\_\_\_

**Name(s) of alleged offender(s):** \_\_\_\_\_

**Date and time of incident:** \_\_\_\_\_

**What was your involvement in the incident?**

I was directly involved in the incident     I observed the incident     I heard about the incident

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

On school property:

On a school bus     Cafeteria     Hallway     Bathroom     Classroom     Gym     Locker Room

At a school-sponsored function (describe): \_\_\_\_\_

Off school grounds

Electronic Communication

Other (describe): \_\_\_\_\_



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**Basis of this complaint/grievance:**

\_\_\_\_\_ Race    \_\_\_\_\_ Religion    \_\_\_\_\_ Gender    \_\_\_\_\_ Ethnic Group    \_\_\_\_\_ Religious Practice  
\_\_\_\_\_ Sex    \_\_\_\_\_ National Origin    \_\_\_\_\_ Disability    \_\_\_\_\_ Sexual Orientation  
\_\_\_\_\_ Color    \_\_\_\_\_ Weight    \_\_\_\_\_ Other/Not sure (please briefly explain): \_\_\_\_\_

**Incident is a result of:**

Student    and/or     Employee conduct

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

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**Names of any Witnesses:**

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**Physical evidence:**

Graffiti \_\_\_\_\_    Notes \_\_\_\_\_    E-mail \_\_\_\_\_    Web Sites \_\_\_\_\_    Video/Audio Tape \_\_\_\_\_  
Other \_\_\_\_\_

**Describe the impact this incident has had on the targeted student:** \_\_\_\_\_

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Does the situation continue to occur?     Y         N

What do you think should be done about the situation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complainant signature:**

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