

## Dignity for All Students Act

### Bullying, Harassment and Discrimination Complaint Form

The purpose of this form is to inform the district of an incident, or series of incidents, of bullying and/or harassment so we can investigate and take appropriate steps.

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

Person filling out this form:

- |                                                |                                           |
|------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Student (Grade _____) | <input type="checkbox"/> Staff Member     |
| <input type="checkbox"/> Parent/Guardian       | <input type="checkbox"/> Community Member |

Contact Information of person filling out this form:

Name: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

### Incident Information

The basis of the actual or perceived bullying, harassment or discrimination is:

- |                                          |                                             |                                             |
|------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Race            | <input type="checkbox"/> Religion           | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Color           | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> Sex                |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability         | <input type="checkbox"/> Weight             |
| <input type="checkbox"/> Ethnic Group    | <input type="checkbox"/> Gender             |                                             |

Name(s) of individual(s) involved: \_\_\_\_\_

Is the person(s) involved a (check all that apply):

- Student  
 Employee

Description of alleged bullying, harassment and discrimination:

- Date(s) of the alleged incident(s): \_\_\_\_\_
- Where did the incident(s) take place? \_\_\_\_\_
- Explain what happened (use additional paper if necessary and attach any supporting documentation (ie. copies of emails, notes, photos, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Were there any witnesses? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, please list the name(s) of the individual(s): \_\_\_\_\_
- Has the incident been previously reported? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If YES, when and to whom? \_\_\_\_\_

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

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

**(For Office Use Only)**

*Person(s) investigating the incident:*

- \_\_\_\_\_ *Title:* \_\_\_\_\_
- \_\_\_\_\_ *Title:* \_\_\_\_\_

*Describe, in detail, how the investigation was handled*

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*What is the result of the investigation?*

- Unfounded

Explain why incident was unfounded: \_\_\_\_\_

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*If founded, indicate type:*

- Harassment
- Bullying
- Discrimination
- Cyber bullying

*Where did the incident occur?*

- On school property
- At school-sponsored function off school grounds

*What type of behavior did the incident include?*

- Intimidation or abuse but no verbal threat or physical contact
- Verbal threat but no physical contact
- Physical contact but no verbal threat
- Both verbal threat and physical contact

*Corrective action that was taken:* \_\_\_\_\_

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*Provide copies of documentation pertaining to corrective action (ie. referrals, counseling notes, etc.)*

*Parent(s) contacted:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signature of staff member completing this form:* \_\_\_\_\_

*Date:* \_\_\_\_\_

*Once this form is complete, a copy must go to the appropriate Dignity Coordinator*  
*Elementary – Julie Podolai                      Secondary – Michael Anderson*