

AMHERST CENTRAL SCHOOL DISTRICT - DIGNITY ACT COMPLAINT FORM

Name of targeted student: _____

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: _____
in grade: _____

- Incident is a result of: Student 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

** If you need additional space to provide information, please feel free to add an attachment to this form**