

**FRONTIER SCHOOL DISTRICT
DIGNITY COMPLAINT FORM**

Name of complainant: _____ Date submitted: _____

Address: _____

Home phone: _____ Cell: _____ Work: _____
(please circle the preferred number)

The complainant is: (check all that apply):

_____ an employee, holding the position of _____ at _____ (location)

_____ a student, grade _____ at _____ (school or location)

_____ a parent or community member

_____ other (please specify your relationship with or association to the District) _____

Basis of this complaint/grievance: _____

_____ Race _____ Ethnic Group _____ Gender _____ National Origin

_____ Color _____ Religion _____ Sex _____ Disability

_____ Weight _____ Religious Practice _____ Sexual orientation

_____ Other/Not sure (Please briefly explain):

Name and/or description of accused person(s): _____

Description of Alleged Harassment/Bullying/Discrimination/Incident: _____

Incident is a result of _____ student and/or _____ employee conduct

Incident involved _____ physical contact and/or _____ verbal threats, intimidation or abuse

Was the incident face to face? _____ Was technology involved? _____
(download and attach copy)

Date, Time and Place of Violation(s): _____

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each: _____

