

**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: _____

Others you may have discussed this complaint/grievance/incident with, including contact information for each:

Has this incident/discrimination been previously reported? []Y []N If yes, when and to whom?

Describe the remedy, outcome or resolution sought by complainant: _____

Reported by _____ Signature of Complainant _____

Date _____ Date _____

Action: _____

Signature _____ **Title** _____ **Date** _____

To be completed by DASA Administrator:

Follow up with:

_____ Counselor _____ Social Worker _____ RN _____ SRO
_____ Principal _____ Assistant Principal _____ Other _____
(please indicate)

Disciplinary Action: _____ Date of Action: _____

_____ Conference w/Administrator _____ Detention _____ Superintendent Hearing
_____ Parent Phone Call _____ ISS _____ Removal From Class _____ Warning Given
_____ Parent Conference _____ OSS _____ Conflict Resolution

Incident Summary (brief/findings, remedy, outcome, solution): _____

Date

Administrator Signature/Building DASA Coordinator

Date

District DASA Coordinator Signature

This form is to be used for complaints based on the Dignity for All Students Act – 8 NYCRR 100.2(kk)