

CHAUTAUQUA LAKE CENTRAL SCHOOL DISTRICT
DIGNITY ACT COMPLAINT FORM

7550F

Name of targeted student: _____, Student ID# _____

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 (identity or expression) |
| _____ Color | _____ Religious Practice | _____ Sex |
| _____ Ethnic Group | _____ Disability | _____ Sexual orientation |
| _____ National Origin | _____ Weight | |
| _____ Other/Not sure (Explain): _____ | | |

Name of offending person(s): _____, in grade: _____ ID# _____
_____, in grade: _____ ID# _____

- Incident is a result of: Student and/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
 Other: _____

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Witnesses or others with knowledge or information important to this investigation, including contact information for each: _____

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

Has this incident or occurrence been previously reported? Yes No

If yes, when, to whom, and what was the resolution? _____

Signature of Employee or Complainant

Date

Please submit this form to the DASA Coordinator at Chautauqua Lake Central School District.

Elementary - Kara Smith, School Counselor

Secondary - Katrina Cummings, School Psychologist