

**ERIE 1 BOCES  
DIGNITY ACT COMPLAINT FORM**

Name of targeted student: \_\_\_\_\_, [ ] Male [ ] Female,  
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 is being made due to 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: \_\_\_\_\_ and relationship to targeted student \_\_\_\_\_  
Telephone number and other contact information: \_\_\_\_\_
- [ ] Other, name: \_\_\_\_\_ and relationship to targeted student/district \_\_\_\_\_  
Telephone number and other contact information: \_\_\_\_\_

Basis of this complaint/grievance:

_____ Race	_____ Religion	_____ Gender
_____ Ethnic Group	_____ Religious Practice	_____ Sex
_____ National Origin	_____ Disability	_____ Sexual Orientation
_____ Color	_____ Weight	
_____ Other/Not Sure (Please briefly explain): _____		

Name of offending person(s): in grade: \_\_\_\_\_ [ ] Male [ ] Female  
in grade: \_\_\_\_\_ [ ] Male [ ] Female

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

Witnesses, if any, or others with knowledge or information important to this investigation, including contact information for each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Employee or Complainant

\_\_\_\_\_  
Date