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 _______________