



SAUGERTIES CENTRAL SCHOOL DISTRICT

Call Box A

310 Washington Avenue Ext.
Saugerties, New York 12477
(845) 247-6500 Fax (845) 246-8364
www.saugerties.k12.ny.us

Dignity for All Students Act Complaint Form

Please email the completed form to the alleged target students' Dignity Act coordinator(s).

Dignity Act Coordinators:

Building Principal and Building Social Worker

- Timothy Reid, Saugerties High School - treid@saugerties.k12.ny.us
- Alexis Bulich, Saugerties High School grades 10-12- abulich@saugerties.k12.ny.us
- Ginger Vail, Saugerties Junior High School - gvail@saugerties.k12.ny.us
- Anna Millenson, Saugerties Jr/High grades 7-9 - amillenson@saugerties.k12.ny.us
- Shannon Molyneaux, Cahill- smolyneaux@saugerties.k12.ny.us
- Tammy Carlile, Cahill- tcarlile@saugerties.k12.ny.us
- Carole Kelder, Riccardi- ckelder@saugerties.k12.ny.us
- Arlene Parsi, Riccardi- aparsi@saugerties.k12.ny.us
- Kristina Giangreco, Morse- kgiangreco@saugerties.k12.ny.us
- Keenan Jones, Morse (9/1/2022-11/20/22)- kjones@saugerties.k12.ny.us
- Brittany Farrell, Morse (11/20/22-6/30/23)- bfarrell@saugerties.k12.ny.us

Reporter's Name:		Date:
Name of School:		
Reporter's Contact Information:		
Home Phone:		
Cell:		
Address:		
Email:		
Is the Reporter:		
<input type="checkbox"/> Employee, <input type="checkbox"/> Student, <input type="checkbox"/> Parent/Guardian or <input type="checkbox"/> Other– Please specify (choose one)		
Alleged Target (Victim/s) Name:	Gender	Grade
Alleged– Offender/s Name:	Gender	Grade/Position
Was Alleged Offender a <input type="checkbox"/> Student or <input type="checkbox"/> Employee (choose one)		
School attends/works:		
Administrator/Dignity Act Coordinator:		
Witness/es Name:		
Contact Information:		
Witness/es Name:		
Contact Information:		



Incident Description of Discriminatory and/or Harassing Behaviors

Type of bias - based on the person’s actual or perceived:

- race color weight national origin
- ethnic group religion religious practices disability
- sexual orientation gender sex
- Other: _____

Description of the Incident. What did the alleged offender(s) say or do? Include cyber evidence if possible when appropriate.

What happened right after the incident occurred?

Date of incident: _____ **Time of incident:** _____ **Location of Incident:** _____

Is there a history of conflict between those involved? ___ YES ___ NO

If so, please explain,

Have you reported this behavior before? ___ YES ___ NO **If yes, when** _____

If so, to whom? _____

What was done? _____

Please email the completed form to the alleged target students' Dignity Act coordinator(s).

For office use only:

Date Received: _____ Received by: _____

Title: _____