



PELHAM UNION FREE SCHOOL DISTRICT DIGNITY FOR ALL STUDENTS ACT COMPLAINT FORM

Dignity Act Coordinators

Colonial Elementary School: Annamarie Nardone, 738-7650 X1534

Hutchinson School: Dr. Elizabeth Belanfante, 738-3640 X1705

Prospect Hill School: Dr. Sarah DeSoye, 738-6690 X1404

Siwanoy School: Kerri Ann Weaver x1606

Pelham Middle School: Sean Llewellyn, 738-8190 X1226

Pelham Memorial High School: Dr. Kerri Titone, 738-8110 X1121

District Coordinator: Traci Holtz, 738-3434 x1156

Please complete this form and return it to a school administrator or Dignity Act Coordinator.

Complainant Name: Email: Cell:	Date:
The complainant is: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other (please specify) _____	Date of Incident:
Target (Victim)'s Name: Target's School:	Target's Grade:
Alleged Aggressor's Name: Alleged Aggressor's School:	Aggressor's Grade (Position if an employee):
Location of Incident:	Time of Incident:
Witness Name:	Contact Information:
Witness Name:	Contact Information:

Types of bias involved (Check all that apply):

- | | | | |
|---------------------------------------|-----------------------------------|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Weight/size/physical appearance | <input type="checkbox"/> National origin |
| <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Religion | <input type="checkbox"/> Religious practice | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Sex | <input type="checkbox"/> Disability | <input type="checkbox"/> Other _____ |

