

Manchester-Shortsville Central School District

1506 Route 21, Shortsville, NY 14548-9502

Dignity for All Students Referral Form

Return Form to the Office of: (please check appropriate box below)

Elementary School

Jeffrey McCarthy, Principal
(585) 289-9647

Middle School

Terry Febrey, Principal
(585) 289-3967

High School

Bryon George, Principal
(585)289-3966

Directions: If you believe you, or someone else, has been the subject of harassment or discrimination in the school environment, please use this form to report the allegations. Harassment is defined as the creation of a hostile environment by conduct or by verbal threats, intimidation or abuse that has or would have the effect of unreasonably and substantially interfering with a student’s educational performance, opportunities or benefits, or mental, emotional, or physical well-being. Harassment or discrimination may be based on a student’s actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, sex, gender, sexual orientation, disability, or any other categories of individuals protected by federal, state, or local law.

Per the **Dignity for All Students Act**, harassment and/or discrimination toward students by employees or other students on school property or at school functions is prohibited. Be as complete as you can, and submit the form to a building administrator or a Dignity Act Coordinator (DAC). You may submit any additional materials you feel will be helpful along with this form. Please keep copies for yourself.

****PLEASE FILL THIS FORM OUT COMPLETELY****

Date of Complaint: _____ Student Being Discriminated Against: _____

Name of Person(s) committing the alleged incident: _____

Date(s) and Time(s) of Incident(s): _____

Place(s) where incident occurred: _____

Description of the harassment: _____

Names of Witnesses, If any: _____

What Corrective Actions are you seeking, if any? _____

I certify that all statements on this form are accurate and true to the best of my knowledge.

Name of Reporter: _____ Phone: _____

Received by (School Official): _____ Date Received: _____