

**SWEET HOME CENTRAL SCHOOL DISTRICT
DIGNITY ACT COMPLAINT FORM**

7544F

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 results from 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 _____, relationship to targeted student _____
Telephone and other contact information: _____
- [] Other, name _____ relationship to targeted student/district _____
Telephone and other contact information: _____

Basis of this complaint/grievance:

_____ Race	_____ Religion	_____ Gender (including identity or expression)
_____ Ethnic Group	_____ Religious Practice	_____ Sex
_____ National Origin	_____ Disability	_____ Sexual orientation
_____ Color	_____ Weight	
_____	Other/Not	sure (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, or others with knowledge or information important to this investigation, including contact information for each:

Signature of Employee or Complainant

Date