

Grand Island Central School District

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www.grandislandschools.org

GRAND ISLAND SCHOOL DISTRICT 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

Specific location: _____

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 alleged offender(s): _____ in grade: _____ [] Male [] Female
_____ in grade: _____ [] Male [] Female

Incident is a result of: [] Student or
[] Employee conduct

Place an (X) next to the statement(s) that best describe what happened. Choose all that apply:

- Hitting, kicking, shoving, spitting, hair pulling, or throwing something
- Getting another person to hit or harm the student
- Teasing, name-calling, making critical remarks, or threatening, in person or by other means
- Demeaning remarks or student being made the target of joke(s)
- Making rude or threatening gestures
- Excluding or rejecting the student, or asking another person to turn against a student
- Intimidating (bullying), extorting, or exploiting
- Spreading harmful rumors or gossip
- Electronic bullying
- Other: _____

Description of alleged harassment/bullying/discrimination incident(s): _____

Did a physical injury result from this incident?
 No Yes (*no medical attention needed*) Yes (*medical attention needed*) Evaluation by school nurse
 Other medical intervention (please specify): _____

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:

Has this incident/discrimination been previously reported? Yes No
If yes, when and to whom? _____

What was the remedy, outcome, or resolution for previous the incident : _____

What is the remedy, outcome, or resolution sought by the complainant currently? _____

Printed Name of Employee or Complainant _____ Date _____

Signature of Employee or Complainant _____

Date Report Received: _____

Confidential copies sent to : _____

Student Code of Conduct Violation occurred: YES NO

Outcome of Investigation: Founded Unfounded

Follow up actions planned and outcomes, including staff member(s) responsible for each action:
