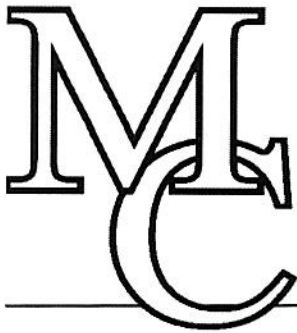


MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT

AT CENTEREACH

8 43<sup>RD</sup> STREET • CENTEREACH, NY 11720  
 631-285-8005 • 631-738-2719 (fax) • www.mccsd.net



*Roberta A. Gerold, Ed.D., Superintendent of Schools*  
*Francine McMahon, Deputy Superintendent for Instruction*  
*Herbert B. Chessler, Assistant Superintendent for Business*  
*James G. Donovan, Assistant Superintendent for Human Resources*

Dignity for All Students Act (Dignity Act) Complaint Form

→ \* Indicates Reporting Requirement for the Dignity Act for All Students Act

Complainant Name:		Date:	
Complainant Contact Information			
Home and/or Cell Phone:			
Address:			
Email:			
School:			
Target (Victim/s) Name:	Sex	Grade	
Offender/s) Name:	Sex	Grade / Position	
Offender/s) Name:	Sex	Grade / Position	
Offender/s) Name:	Sex	Grade / Position	
*Was Offender a Student, Employee or Both? (circle all that apply)			
Witness/es Name and Contact Information:			
Dignity Act Coordinator and Contact Information:			

**Incident Description of Discriminatory and/or Harassing Behaviors**

\*Type of bias based on the person's actual or perceived (check all that apply):

- Race                       Color                       Weight                       National Origin
- Ethnic group               Religion                       Religious Practices       Disability
- Sexual orientation       Gender                       Sex                               Not Sure
- Other, please describe:

\*Description of the Incident (please use additional paper, as needed):

\*Incident involved (check all that applies)?

- Involving intimidating or abuse but no verbal threat or physical contact
- Involving verbal threats but no physical contact
- Involving physical contact but no verbal threat
- Involving both verbal threat and physical contact

Involving only student offenders

**\*Location:**

- On school property
- At a school-sponsored function off school grounds
- Other

**Approximate Time:**

**\* Was this incident:**

- A result of an investigation of a written or oral complaint; OR
- Directly observed

**Are there observable changes in the student's (target) behavior (check all that apply)?**

<input type="checkbox"/> Attendance	<input type="checkbox"/> Grades	<input type="checkbox"/> Depression	<input type="checkbox"/> Feelings about self/others
<input type="checkbox"/> Antisocial behaviors	<input type="checkbox"/> Self-destructive behaviors	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Social interaction/s
<input type="checkbox"/> Other, explain:			

**Signature:**

**Date:**

**Actions Taken**

**What actions were taken in response to the incident described above (check all that applies)?**

<input type="checkbox"/> Meeting with principal or his/her designee	<input type="checkbox"/> Verbal correction	<input type="checkbox"/> Parent/guardian called
<input type="checkbox"/> Increased supervision	<input type="checkbox"/> Meeting with guidance counselor /psychologist	<input type="checkbox"/> Conflict resolution
<input type="checkbox"/> Awareness/sensitivity session (1-1 with counselor, DAC, teacher, etc.)	<input type="checkbox"/> Referral to counseling services for bias-based bullying, harassing, or discriminatory behaviors	<input type="checkbox"/> Community service (with parental permission)
<input type="checkbox"/> Prevention or intervention program or strategy, explain:		
<input type="checkbox"/> Referral to counseling or treatment program	<input type="checkbox"/> Lunch detention	<input type="checkbox"/> After school detention
<input type="checkbox"/> Suspension from class or activities	ISS: <input type="checkbox"/> Full day <input type="checkbox"/> Partial day	OSS: <input type="checkbox"/> Full day <input type="checkbox"/> Partial day
<input type="checkbox"/> Behavioral plan	<input type="checkbox"/> Teacher removal (3214)	
<input type="checkbox"/> Transfer to alternative education	<input type="checkbox"/> Law enforcement notified	<input type="checkbox"/> Referral to community-based organization
<input type="checkbox"/> Other supports offered or disciplinary actions taken:		

**Other Previous Discriminatory and/or Harassing Incidents, if any**

**Date/s:**

**Description/s:**

**Administrator's Signature:**

**Date:**