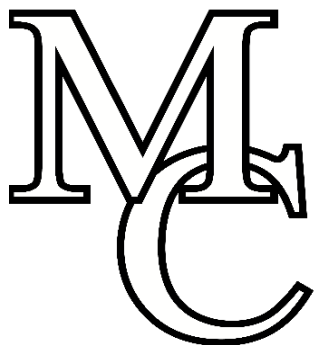


# MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT



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*Roberta A. Gerold, Ed.D., Superintendent of Schools*  
*Beth Rella, Ed.D., Assistant Superintendent for Business*  
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*James G. Donovan, Assistant Superintendent for Human Resources*  
*Mark Palios, Ed.D., Director of Guidance & Student Support Services*  
*Jennifer Harrison, Ed.D., Director of Pupil Personnel Services*

## Dignity for All Students Act (Dignity Act) Complaint Form

*(Completed form should be returned to Building Principals)*



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

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

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

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

- |  |                                   |  |  |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Race                    | <input type="checkbox"/> Color    | <input type="checkbox"/> Weight              | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ethnic group            | <input type="checkbox"/> Religion | <input type="checkbox"/> Religious Practices | <input type="checkbox"/> Disability      |
| <input type="checkbox"/> Sexual orientation      | <input type="checkbox"/> Gender   | <input type="checkbox"/> Sex                 | <input type="checkbox"/> Not Sure        |
| <input type="checkbox"/> Other, please describe: |                                   |  |  |

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

**Dignity for All Students Act (Dignity Act) Complaint Form**

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**\*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 of Complainant:** \_\_\_\_\_

**Date:** \_\_\_\_\_