



Dignity for All Students Act
Responding to Mistreatments
Bullying, Harassment and Discrimination - For District/School Files Only

PART 1. DIGNITY ACT COMPLAINT FORM

To be completed by the person reporting the mistreatment (or the person receiving the complaint and/or investigating the mistreatment) and submitted to the Dignity Act Coordinator (DAC).

Willsboro Central School District

School: _____

Dignity Act Coordinator: _____

Today's date: _____

Name and position of person reporting the Mistreatment: _____

Role of person reporting incident (Check one): ☐ Anonymous report

☐ Student Target ☐ Student (witness) ☐ Parent/Guardian ☐ Staff Member ☐ Other _____

Phone: _____ Email: _____

Name of target: (student being bullied, harassed, or discriminated against)

Name(s) of alleged offender(s): _____

Date(s) and time(s) of mistreatment: _____

What was your involvement in the incident?

☐ I was directly involved in the mistreatment ☐ I observed the mistreatment ☐ I heard about the mistreatment

Where did the mistreatment happen? (Check all that apply)

<input type="checkbox"/> On school property	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> On a school bus	<input type="checkbox"/> Hallway	<input type="checkbox"/> Bathroom
<input type="checkbox"/> Classroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Off school property	<input type="checkbox"/> Locker Room	<input type="checkbox"/> At a school function
<input type="checkbox"/> Electronic Communication:		<input type="checkbox"/> Other (describe):		

Type of mistreatment (Check all that apply)

<input type="checkbox"/>	Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
<input type="checkbox"/>	Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
<input type="checkbox"/>	Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
<input type="checkbox"/>	Abuse (actions or statements that put an individual in fear of bodily harm)
<input type="checkbox"/>	Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures/sexting)
<input type="checkbox"/>	Other (describe):

Who was involved in the mistreatment? *(Check all that apply)* ☐ Student ☐ Employee ☐ Other: _____

Describe the specific nature of the mistreatment. What happened? *(Be as specific as possible). What did the alleged offender say or do? Include any copies of text messages, emails, etc. if possible. (Add extra pages if needed)*

If there were any adults in the area when this happened, what did they do?

Types of bias involved (if known): *(Check all that apply)*

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Weight/Size	<input type="checkbox"/> National origin	<input type="checkbox"/> Ethnic group
<input type="checkbox"/> Religion	<input type="checkbox"/> Religious practice	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender
<input type="checkbox"/> Sex	<input type="checkbox"/> Other (describe):			

Name(s) of others who may have witnessed the mistreatment:

Was the student absent from school as a result of the mistreatment?

☐ No ☐ Yes, Number of days student was absent: _____

Describe the impact this mistreatment has had on the student (target):

Does the situation continue to occur? ☐ Yes ☐ No

What do you think should be done about the situation?

You can contact the principal, Sarah Paquette, Dignity Act Coordinator, Marie Blatchley, counselor, Chris Ford, or other staff member (whoever you are most comfortable with) for information or assistance at any time.