

Monroe #1 BOCES

Dignity Act Harassment Complaint Form

Directions: If you believe you, or someone else, has been the victim of harassment or discrimination in the school environment; please use this form to report the allegations. Harassment is defined as the creation of a hostile environment by conduct or by verbal threats, intimidation or abuse that has or would have the effect of unreasonably and substantially interfering with a student's educational performance, opportunities or benefits, or mental, emotional, or physical well-being. Harassment or discrimination may be based on a student's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, sex, gender, sexual orientation, disability, or any other categories of individuals protected by federal, state, or local law. Per the **Dignity for All Students Act**, harassment and/or discrimination toward students by employees or other students on school property or at school functions is prohibited.

Be as complete as you can, and submit the form to a program administrator, the Dignity Act Coordinator (DAC), counselor, or other staff member (whichever you are more comfortable with). If you need help in completing the form or filing the complaint, see your counselor, DAC or program administrator. You may submit any additional materials you feel will be helpful along with this form. Please keep copies for yourself.

*You may also submit this form anonymously by sending to the Monroe #1 BOCES Mental Health office, Attn. Coordinator of Mental Health.

Date of complaint: _____ **Targeted student:** _____

Name of person(s) committing the alleged harassment:

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

Place(s) where incident occurred: _____

Description of the harassment:

Names of witnesses, if any:

I certify that all statements on this form are accurate and true to the best of my knowledge.

Name of Reporter: _____ **Phone:** _____

Received by (School Official): _____
(Signature and Date)
(Data will lock once signed)

Dignity Act Complaint Investigation Form (page 2) to be completed by Principal, DAC or designee

Dignity Act Harassment Complaint Investigation Form

To be completed by Principal, DAC or designee.

Attach Target, Perpetrator, Witness Interview forms when applicable.

Incident was biased-related: Yes No

Choose type of bias:

- | | |
|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religious Practice |
| <input type="checkbox"/> Weight | <input type="checkbox"/> Mental or Physical Ability |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Other _____ | |

Witnesses interviewed:

Results of investigation:

Material Incident of Harassment: Yes No

Material Incident of Harassment or Discrimination: Yes No

Follow-up/Corrective action:

Person responsible for follow-up:

Completed by (School Official): _____
(Signature and Date)