

# Schuylerville Elementary School

## ***Harassment/Discrimination Complaint Form***

A student, parent/guardian, or staff member may file a complaint of harassment, discrimination, intimidation, or bullying of a student, pursuant to DASA regulations and school policy. This report includes the information necessary to conduct a thorough investigation of the alleged offense and take appropriate corrective action. Complaints and complaint forms should be submitted to one of the Dignity Act Coordinators; Mr. Gregg Barthelmas, Principal, or Mrs. Cassandra Luthringer, Elementary School Counselor.

\_\_\_\_\_ Written report - Created by: \_\_\_\_\_ (Student, Parent, Staff Member)

\_\_\_\_\_ Oral report - Received/Written by: \_\_\_\_\_ (Administrator)

Date Filed: \_\_\_\_\_ Reporter's Name: \_\_\_\_\_

Reporter's Role: \_\_\_\_\_ student \_\_\_\_\_ parent \_\_\_\_\_ staff member \_\_\_\_\_ other (Specify)

Victim's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Summarize the incident(s) or occurrence(s) as accurately as possible. Attach additional sheets if necessary. Attach any evidence of harassment or bullying (i.e. letters, photos, provide cell phone texts, facebook messaging/wall print outs, etc.):

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Date/Time of incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name(s) of witnesses: \_\_\_\_\_

Have you reported this to anyone else? \_\_\_\_\_ No \_\_\_\_\_ Yes; who/when: \_\_\_\_\_

Is this the first time this has happened? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If No, how many times has this happened before: \_\_\_\_\_

Please add any other information about previous incidents or threats:

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Signature of Person Completing Form: \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of investigation: \_\_\_\_\_ Investigating administrator: \_\_\_\_\_

Determination: \_\_\_\_\_ Material incident (reported to state)  
\_\_\_\_\_ Not a material incident (not reported to state)

Type of Harassment or Discriminatory Behavior: (Check all that apply.)

\_\_\_\_\_ Race                      \_\_\_\_\_ Color                      \_\_\_\_\_ Ethnic Group                      \_\_\_\_\_ Ethnic Group  
\_\_\_\_\_ Disability                      \_\_\_\_\_ Religion                      \_\_\_\_\_ Religious Practice                      \_\_\_\_\_ Weight  
\_\_\_\_\_ Sex                      \_\_\_\_\_ Gender                      \_\_\_\_\_ Sexual Orientation                      \_\_\_\_\_ Other (Specify)  
\_\_\_\_\_ Identity

Action Taken (check all that apply): Please include the number of days of in-school or out of school suspension.

\_\_\_ Reprimand                      \_\_\_ Referral to school counseling                      \_\_\_ In-school suspension \_\_\_\_\_  
\_\_\_ Lunch detention                      \_\_\_ Schedule change                      \_\_\_ Out of school suspension \_\_\_\_\_  
\_\_\_ Parent phone call                      \_\_\_ Referral to outside counseling                      \_\_\_ Referred to law enforcement or  
\_\_\_ Parent meeting                      \_\_\_ Suspension from activities                      juvenile justice system  
\_\_\_ Other – specify \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Communication Log:

DATE	TIME	PERSON	SUMMARY

Follow-up/other related information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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