

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; Mrs. Rose Beckett, 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.):

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:

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:

