

Schuylerville Middle 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. Katie Elsworth, Principal, or Mrs. Erin Welch, 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.)

- | | | | |
|-------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Ethnic Group |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Religion | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Gender | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Other (Specify) |
| | Identity | | _____ |

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Reprimand | <input type="checkbox"/> Referral to school counseling | <input type="checkbox"/> In-school suspension _____ |
| <input type="checkbox"/> Lunch detention | <input type="checkbox"/> Schedule change | <input type="checkbox"/> Out of school suspension _____ |
| <input type="checkbox"/> Parent phone call | <input type="checkbox"/> Referral to outside counseling | <input type="checkbox"/> Referred to law enforcement or juvenile justice system |
| <input type="checkbox"/> Parent meeting | <input type="checkbox"/> Suspension from activities | |
| <input type="checkbox"/> Other – specify _____ | | |

Communication Log:

DATE	TIME	PERSON	SUMMARY

Follow-up/other related information:

