

# Schuylerville High 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. Nathan Kocak, Assistant Principal, or Mrs. Sarah Rust, 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.)

- |                                     |                                   |   |  |
|-------------------------------------|-----------------------------------|---|--|
| <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:

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