

**ROXBURY CENTRAL SCHOOL DISTRICT  
DIGNITY ACT COMPLAINT FORM**

Name of targeted student: \_\_\_\_\_ [ ] Male [ ] Female,  
who is in grade: \_\_\_\_\_ at Roxbury Central School.

Date \_\_\_\_\_ and time \_\_\_\_\_ of incident(s).

Place of incident(s): [ ] On school property (including school bus)  
[ ] At a school-sponsored function off school grounds  
[ ] Off school grounds

This report is being made due to a(n):

- [ ] Employee, who *directly observed* an incident or series of incidents  
Employee's name \_\_\_\_\_ and title \_\_\_\_\_
- [ ] Employee, who was *made aware* of an incident or series of incidents  
Employee's name \_\_\_\_\_ and title \_\_\_\_\_
- [ ] Parent or community member  
Complainant's name \_\_\_\_\_, relationship to targeted student \_\_\_\_\_  
Telephone and other contact information: \_\_\_\_\_
- [ ] Other, name \_\_\_\_\_ relationship to targeted student/district \_\_\_\_\_  
Telephone and other contact information: \_\_\_\_\_

Basis of this complaint/grievance:

_____ Race	_____ Religion	_____ Gender
_____ Ethnic Group	_____ Religious Practice	_____ Sex
_____ National Origin	_____ Disability	_____ Sexual Orientation
_____ Color	_____ Weight	
_____ Other/Not sure (Please briefly explain): _____		

Name of offending person(s): \_\_\_\_\_, in grade: \_\_\_\_\_ [ ] Male [ ] Female  
\_\_\_\_\_, in grade: \_\_\_\_\_ [ ] Male [ ] Female

Incident is a result of: [ ] Student and/or [ ] Employee conduct

Description of alleged harassment/bullying/discrimination incident(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The incident(s) involved:

- [ ] Intimidation or abuse, but no verbal threat(s) or physical contact [ ] Verbal threat(s) but no physical contact  
[ ] Physical contact but no verbal threat(s) [ ] Verbal threat(s) and physical contact

Witness present: \_\_\_\_\_

Physical evidence: Graffiti \_\_\_\_\_ Notes \_\_\_\_\_ E-mail \_\_\_\_\_ Web Sites \_\_\_\_\_ Video/Audio Tape \_\_\_\_\_ Other \_\_\_\_\_

Parent(s) contacted: Date \_\_\_\_\_ Time \_\_\_\_\_

Administrative response taken: \_\_\_\_\_

Staff/Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_