



Lackawanna City School District

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Dignity for All Students Act (Dignity Act) Complaint Form

*** Indicates Reporting Requirement for the Dignity Act for All Students Act**

Complainant Name:		Date:	
Complainant Contact Information			
Home and/or Cell Phone:			
Address:			
Email:			
School:			
Target (Victim/s) Name:		Sex	Grade
Offender/s) Name:		Sex	Grade / Position
Offender/s) Name:		Sex	Grade / Position
Offender/s) Name:		Sex	Grade / Position
*Was Offender a Student, Employee or Both? (circle all that apply)			
Witness/es Name and Contact Information:			
Dignity Act Coordinator and Contact Information:			

Incident Description of Discriminatory and/or Harassing Behaviors

***Type of bias based on the person's actual or perceived (check all that apply):**

- | | | | |
|--|-----------------------------------|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Weight | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Religion | <input type="checkbox"/> Religious Practices | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender | <input type="checkbox"/> Sex | <input type="checkbox"/> Not Sure |
| <input type="checkbox"/> Other, Please describe: | | | |

***Description of the Incident:**

***Incident involved (check all that applies)?**

- Involving intimidating or abuse but no verbal threat or physical contact
- Involving verbal threats but no physical contact
- Involving physical contact but no verbal threat
- Involving both verbal threat and physical contact
- Involving only student offenders

***Location:**

- On school property
- At a school-sponsored function off school grounds

Approximate Time:

*** Was this incident:**

- A result of an investigation of a written or oral complaint; OR
- Directly observed

Are there observable changes in the student's (target) behavior (check all that apply)?

<input type="checkbox"/> Attendance	<input type="checkbox"/> Grades	<input type="checkbox"/> Depression	<input type="checkbox"/> Feelings about self/others
<input type="checkbox"/> Antisocial behaviors	<input type="checkbox"/> Self-destructive behaviors	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Social interaction/s
<input type="checkbox"/> Other, explain:			

Actions Taken

What actions were taken in response to the incident described above (check all that applies)?

<input type="checkbox"/> Meeting with principal or his/her designee	<input type="checkbox"/> Verbal correction	<input type="checkbox"/> Parent/guardian called
<input type="checkbox"/> Increased supervision	<input type="checkbox"/> Meeting with guidance counselor /psychologist	<input type="checkbox"/> Conflict resolution
<input type="checkbox"/> Awareness/sensitivity session (1-1 with counselor, DAC, teacher, etc.)	<input type="checkbox"/> Referral to counseling services for bias-based bullying, harassing, or discriminatory behaviors	<input type="checkbox"/> Community service (with parental permission)
<input type="checkbox"/> Prevention or intervention program or strategy, explain:		
<input type="checkbox"/> Referral to counseling or treatment program	<input type="checkbox"/> Lunch detention	<input type="checkbox"/> After school detention
<input type="checkbox"/> Suspension from class or activities	ISS: <input type="checkbox"/> Full day <input type="checkbox"/> Partial day	OSS: <input type="checkbox"/> Full day <input type="checkbox"/> Partial day
<input type="checkbox"/> Behavioral plan	<input type="checkbox"/> Teacher removal (3214)	
<input type="checkbox"/> Transfer to alternative education	<input type="checkbox"/> Law enforcement notified	<input type="checkbox"/> Referral to community-based organization
<input type="checkbox"/> Other supports offered or disciplinary actions taken:		

Other Previous Discriminatory and/or Harassing Incidents, if any

Date/s:

Description/s:

Signature:

Date: