7550F

**HOMER CENTRAL SCHOOL DISTRICT**

**DIGNITY COMPLAINT FORM**

Name of complainant: Date submitted:

Address:

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:

(please circle the preferred number)

The complainant is: (check all that apply):

\_\_\_\_\_ an employee, holding the position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location)

\_\_\_\_\_ a student, grade\_\_\_\_\_\_\_\_\_\_\_\_ at (school or location) \_\_\_\_\_ a parent or community member

\_\_\_\_\_ other (please specify your relationship with or association to the District) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Basis of this complaint/grievance:

\_\_\_\_\_ Race \_\_\_\_\_ Religious Practice

\_\_\_\_\_ Color \_\_\_\_\_ Disability

\_\_\_\_\_ Weight \_\_\_\_\_ Gender

\_\_\_\_\_ National Origin \_\_\_\_\_ Sex

\_\_\_\_\_ Ethnic Group \_\_\_\_\_ Sexual orientation

\_\_\_\_\_ Religion

\_\_\_\_\_ Other/Not sure (Please briefly explain):

Name and/or description of accused person(s):

Description of Alleged Harassment/Bullying/Discrimination/Incident:

Incident is a result of student and/or employee conduct.

Incident involved physical contact and/or verbal threats, intimidation or abuse.

Date, Time and Place of Violation(s):

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each:

Others you may have discussed this complaint/grievance/incident with, including contact information for each:

Has this incident/discrimination been previously reported? [ ]Y [ ]N If yes, when and to whom?

Describe the remedy, outcome or resolution:

Remedy Sought by Complainant:

Date Signature of Complainant

*This form is to be used for complaints based on the Dignity for All Students Act – 8 NYCRR 100.2(kk)*