

**SALAMANCA CITY 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
- _____ Color
- _____ Weight
- _____ National Origin
- _____ Ethnic Group
- _____ Religion
- _____ Religious Practice
- _____ Disability
- _____ Gender
- _____ Sex
- _____ Sexual orientation

_____ 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)

Adoption: 09/11/12