



MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT
OFFICE OF PUPIL PERSONNEL SERVICES
25 N. BICYCLE PATH, A, SELDEN, NY 11784
631-285-8850 • 631-285-8851 (fax) • www.mccsd.net

Roberta A. Gerold, Ed.D., Superintendent of Schools
Francine McMahon, Deputy Superintendent for Instruction
Beth Rella, Ed.D., Assistant Superintendent for Business
James G. Donovan, Assistant Superintendent for Human Resources
Jennifer Harrison, Ed.D., Director of Pupil Personnel Services

Dignity for All Students Act (Dignity Act) Complaint Form

(Completed form should be returned to Building Principals)

*** 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:	Grade	
Offender/s) Name:	Grade / Position	
Offender/s) Name:	Grade / Position	
Offender/s) Name:	Grade / Position	
*Was Offender a Student, Employee or Both? (circle all that apply)		
Witness/es Name and Contact Information:		

Incident Description of Discriminatory and/or Harassing Behaviors

***Alleged motives for why the bullying, harassment, or intimidation occurred (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"/> To Impress Others <input type="checkbox"/> Just to be Mean | | | |
| <input type="checkbox"/> Other, please describe: | | | |

***Description of the Incident (please use additional paper, as needed):**

***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

***Location of Incident:**

- ☐ On school property
☐ Off school property (specify): _____
☐ On a school bus
☐ On the way to/from school
☐ At a school function, activity, or event (specify): _____
☐ Other (specify): _____

***Approximate Time of Incident:** _____

*** Has this incident/discrimination been previously reported?**

☐ Yes

☐ No

*If yes, when and to whom? Date: _____ Reported to:

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:			

Signature of Complainant/Reporter: _____ **Date:** _____