



Dignity for All Students Act Complaint Form

Dignity Act Case No: _____

Dignity Act Coordinators:

William Ball, Coordinator Student Support Services WBall@newpaltz.k12.ny.us

Michael Teator, New Paltz High School MTeator@newpaltz.k12.ny.us

Daniel Glenn, New Paltz Middle School dglenn@newpaltz.k12.ny.us

Ross Hogan, Duzine Elementary School RHogan@newpaltz.k12.ny.us

Sean Inglee, Lenape Elementary School SInglee@newpaltz.k12.ny.us

Complainant Name:		Date:
Complainant Contact Information:		
Home Phone:		
Cell:		
Address:		
Email:		
Is the complainant:		
<input type="checkbox"/> Employee, <input type="checkbox"/> Student, <input type="checkbox"/> Parent/Guardian or <input type="checkbox"/> Other – Please specify (choose one)		
Target (Victim/s) Name:	Sex	Grade
Accused – (Offender/s) Name:	Sex	Grade/Position
Was Accused a <input type="checkbox"/> Student or <input type="checkbox"/> Employee (choose one)		
School:		
Administrator/Dignity Act Coordinator:		
Witness/es Name:		
Contact Information:		

Incident Description of Discriminatory and/or Harassing Behaviors

Type of bias based on the person’s actual or perceived:

- | | | | |
|---|-----------------------------------|--|--|
| <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"/> Other: _____ | | | |

Description of the Incident: (Not sure)

Incident Type (choose all that apply):

<input type="checkbox"/> 1.a Incidents occurring on school property grounds	<input type="checkbox"/> 2.a Incidents involving intimidation or abuse but no verbal threat or physical contact	<input type="checkbox"/> 3.a Incidents involving only student offenders
<input type="checkbox"/> 1.b Incidents occurring at school-sponsored function off school	<input type="checkbox"/> 2.b Incidents involving verbal threat but no physical contact	<input type="checkbox"/> 3.b Incidents involving only employee offenders
	<input type="checkbox"/> 3.c Incidents involving physical contact but no verbal threat	<input type="checkbox"/> 3.c Incidents involving both student and employee offenders
	<input type="checkbox"/> 2.d Incidents involving both verbal threat and physical contact	

Location:

Approximate Time:

<input type="checkbox"/> Attendance	<input type="checkbox"/> grades	<input type="checkbox"/> social interaction
<input type="checkbox"/> feelings about self or others	<input type="checkbox"/> antisocial behaviors	<input type="checkbox"/> self-destructive behaviors
<input type="checkbox"/> withdrawal	<input type="checkbox"/> depression	<input type="checkbox"/> other

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

Actions Taken

What actions, if any, were taken in response to the incident described above (check all that apply)?

<input type="checkbox"/> Met with Principal/Designee	<input type="checkbox"/> Parent Called	<input type="checkbox"/> Verbal Correction
<input type="checkbox"/> Increased Supervision	<input type="checkbox"/> Guidance/Counseling Support	<input type="checkbox"/> Conflict Resolution
<input type="checkbox"/> Awareness/Sensitivity Session (1-1 with counselor, DAC, teacher, etc.)	<input type="checkbox"/> Lunch Detention	<input type="checkbox"/> After School Detention
<input type="checkbox"/> Other prevention or intervention strategy, explain:		
<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"/> Referral to Counseling or Treatment Program	<input type="checkbox"/> Teacher Removal (3214)
<input type="checkbox"/> Transfer to Alternative Education	<input type="checkbox"/> Law Enforcement Notified	
<input type="checkbox"/> Other:		

Other Alleged Discriminatory and/or Harassing Incidents, if any

Date(s):

Description of the Incident(s):

FINDINGS & RECOMMENDATIONS

Signature: _____

Date: _____