



Dignity for All Students Act Complaint Form

Dignity Act Case No: _____

Dignity Act Coordinators:

Fredericka Butler, Director of Student Support Services – fbutler@newpaltz.k12.ny.us

Duzine Elementary School -

Jennifer Mojica, Coordinator of Student Support Services - jmojica@newpaltz.k12.ny.us

Lenape Elementary School -

Jennifer Mojica, Coordinator of Student Support Services - jmojica@newpaltz.k12.ny.us

Middle School -

Jessica Miller, Assistant Principal- jemiller@newpaltz.k12.ny.us

High School -

Kathleen Schneck-Suma, Assistant Principal- kschneck@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	<input type="checkbox"/> 2.a Incidents involving intimidation or abuse but	<input type="checkbox"/> 3.a Incidents involving only student offenders
---	--	---

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

Location:

Approximate Time:

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

Actions Taken

- | | | |
|--|---|---|
| <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 |

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

Click or tap here to enter text.

Signature: _____

Date: _____