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

_____ 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)