

**ERIE 1 BOCES  
DIGNITY ACT COMPLAINT FORM**

You may contact the Dignity Act Coordinator, a counselor, or other staff member (whichever you are most comfortable with) for information or assistance with completing this form at any time. If you are uncertain about any information, it can be left blank.

**Information about the Complainant**

*(The person who is making the report of harassment, bullying, and/or discrimination)*

First and last name: \_\_\_\_\_

Complainant's relationship to Erie 1 BOCES:

*(Check all that apply)*

Student (target)                       Staff member

Student (witness)                       Other \_\_\_\_\_

Parent/legal guardian

Primary building or location: \_\_\_\_\_

Further details including, if applicable, grade or title: \_\_\_\_\_

Complainant's contact information:

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_

Select preferred communication method:

Home phone       Cell phone       Work phone       Email       In-person

Describe complainant's involvement in the incident:

I was directly involved in the incident.       I observed the incident.

I heard about the incident.

**Information about the Targeted Student**

*(The person alleged to have experienced the harassment, bullying, and/or discrimination.)*

Name of targeted student: \_\_\_\_\_,

who is in grade: \_\_\_\_\_ at \_\_\_\_\_ (school/program/location)

(Continued)

**ERIE 1 BOCES  
DIGNITY ACT COMPLAINT FORM (Cont'd.)**

**Information about the Alleged Offender(s)**

*(The person alleged to have perpetrated the discrimination, harassment, and/or retaliation.)*

Name of alleged offender(s): \_\_\_\_\_, in grade: \_\_\_\_\_

\_\_\_\_\_, in grade: \_\_\_\_\_

Incident is a result of:

*(Check all that apply)*

- Student conduct       Employee conduct

**Information about the Alleged Incident(s)**

Where did the incident happen:

*(Check all that apply)*

- On school/BOCES property (including on school transportation)
- At school/BOCES function off school/BOCES property
- Off school/BOCES property (that creates a risk of disruption within the school environment)

When did the incident happen:

*(Check all that apply)*

- During regular school hours
- Outside regular school hours

Type of incident:

*(Check all that apply)*

- Physical contact (kicking, punching, spitting, tripping, pushing, taking belongings)
- Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
- Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
- Abuse (actions or statements that put an individual in fear of bodily harm)
- Cyberbullying (misusing technology/social media to harass, tease, threaten, post pictures (sexting))
- Other [describe] \_\_\_\_\_

(Continued)

**ERIE 1 BOCES  
DIGNITY ACT COMPLAINT FORM (Cont'd.)**

Indicate the basis of harassment, bullying, and/or discrimination:  
(Check all that apply)

- Race
- Color
- Weight
- National Origin
- Ethnic group
- Religion
- Religious practice
- Disability
- Sexual orientation
- Gender [including gender identity or expression]
- Sex

Other [specify what you believe to be the basis of the harassment, bullying, and/or discrimination]

Describe the alleged incident(s) of harassment, bullying, and/or discrimination and how it has affected you. **Include any known date(s), time(s), and place(s) of the alleged incident(s)**, as well as information about whether there were any adults in the area when the alleged incident(s) occurred and, if so, what they did.

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Is the harassment, bullying, and/or discrimination continuing?  Yes  No

Was the targeted student absent from school as a result of the incident  Yes  No

If yes, indicate the number of days student was absent: \_\_\_\_\_

**Information about Witnesses**

List the names and known contact information for any witnesses, individuals who may have information related to this report, or individuals you have discussed the alleged incident(s) with:

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(Continued)

**ERIE 1 BOCES  
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**Additional Information**

You may use additional sheets of paper if needed and attach any relevant materials or evidence to this complaint form.

Indicate how many additional sheets of paper have been attached: \_\_\_\_\_

Identify all relevant materials and evidence that have been attached: \_\_\_\_\_

\_\_\_\_\_

**I certify that the facts in this report are true to the best of my knowledge, information, and belief.**

First and last name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**For BOCES Use Only**

Complaint initially received on: \_\_\_\_\_

Form initially completed by:

The complainant

\_\_\_\_\_ based on an oral report  
*(name and title)*

\_\_\_\_\_ based on a written report  
*(name and title)*

Other \_\_\_\_\_

Indicate to whom and the date that this complaint was forwarded, if at all: \_\_\_\_\_

\_\_\_\_\_