

**ERIE 1 BOCES  
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	_____ Religious Practice
_____ Color	_____ Disability
_____ Weight	_____ Gender
_____ National Origin	_____ Sex
_____ Ethnic Group	_____ Sexual orientation
_____ Religion	
_____ 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?

Date reported to parent/guardian: \_\_\_\_\_ By 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)*