DISCRIMINATION, HARASSMENT AND/OR BULLYING COMPLAINT FORM

(Return this form to the designated Dignity Act Coordinator listed below)

Jefferson Elementary: Lisa Young/Joby Gifford Middle School: Julie Umar (518) 355-1342 ext. 5080

(518) 355-6255 ext. 2003

High School: Nicole Martyn (518) 355-6110 ext. 3039

The purpose of this form is to inform the district of an incident or series of incidents of discrimination, harassment and/or bullying so we can investigate and take appropriate action. If you feel unsafe, or if your child feels unsafe, fill out this form, and we urge you to speak directly with one of our Dignity Act Coordinators by either visiting the school office or calling your building Dignity Act Coordinator as soon as possible so we can address your concerns.

Complainan	t Name				Date
Circle one:	Staff	Student	Parent	Other_	
Victim Name	e (if not the c	complainant):			Grade:
Date(s) of In					
List the nam	e(s) and grad	de(s) of the individu	ual(s) accused o	f bullying ar	nd/or harassment.
		appen: (Choose al			
On Sc	hool Property	y	On a School	Bus	Technology (Social Media, Cell Phone, Computer etc.) tivity or event off school property (specify below)
		n school			tivity or event off school property (specify below)
		ent(s) that best des			nose all that apply)
			-		nat involves physical aggression.
		ther person to hit o			at involves physical aggression.
		•			ing, in person or by other means.
		and making the tar			•
	-	e and/or threatenin		,	•
		xcluding or rejectin			
		g (Bullying), extortin			
	-	armful rumors or g			
Were there	any witnesse	s? YesN	o If yes, pleas	se list the in	dividuals.
Please descr	ibe any issue	es you have had wit	th the student(s	s) in the pas	t.
					

Note on Confidentiality: In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff.

Describe the incident(s) in detail. Please include where in the building it happened, how you handled yourself in th situation, and provide specific dates and times.	е
Is there additional information you would like to provide? (If necessary, attach separate sheet)	
Please provide any supporting documentation/evidence (i.e., copies of emails, notes, photos, screen shots, etc.) and return this form to the designated building Dignity Act Coordinator listed.	
I certify that all statements on this form are accurate and true to the best of my knowledge.	
Signature of complainant Date	
(Please return this form to the designated Dignity Act Coordinator for your school building)	
Signature of DAC	
Signature of DAC Date of Receipt	—

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