

Rhinebeck Central School District

Dignity for All Students Act – Complaint/Report Form

Report taken by: _____ Received: _____
 Name of _____ Date Submitted: _____
 Complainant/Reporter: _____
 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 _____ (location)
- a parent or community member
- other (please specify your relationship with or association to the District) _____

Basis of this complaint/grievance <i>(Check all that apply)</i>	Where did the incident occur? <i>(Check all that apply)</i>	What happened during the incident? <i>(Check all that apply)</i>	Incident Types
<input type="checkbox"/> Race <input type="checkbox"/> Ethnic Group <input type="checkbox"/> National Origin <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Religious Practice <input type="checkbox"/> Disability <input type="checkbox"/> Gender <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Sex <input type="checkbox"/> Weight <input type="checkbox"/> Other S.E.S.	<input type="checkbox"/> School Bus/Stop <input type="checkbox"/> To/From School <input type="checkbox"/> Text/Phone/Internet/ Social Media <input type="checkbox"/> School sponsored activity <input type="checkbox"/> Event off school property <input type="checkbox"/> School Grounds <input type="checkbox"/> Gym <input type="checkbox"/> Corridor <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other When:	<input type="checkbox"/> Taunting <input type="checkbox"/> Threat <input type="checkbox"/> Intimidation <input type="checkbox"/> Stalking <input type="checkbox"/> Theft <input type="checkbox"/> Verbal harassment <input type="checkbox"/> Retaliation <input type="checkbox"/> Humiliation <input type="checkbox"/> Exclusion <input type="checkbox"/> Physical Contact <input type="checkbox"/> Cyber-bullying <input type="checkbox"/> Other	<input type="checkbox"/> Incident occurring on school property <input type="checkbox"/> Incident occurring at school-sponsored function off school grounds <input type="checkbox"/> Incident occurring off school grounds nexus to school <input type="checkbox"/> Incident involving intimidation or abuse, but no verbal threat or physical contact <input type="checkbox"/> Incident involving verbal threat but no physical contact <input type="checkbox"/> Incident involving physical contact but no verbal threat <input type="checkbox"/> Incident involving both verbal threat and physical contact <input type="checkbox"/> Incident involving only student offenders <input type="checkbox"/> Incident involving only employee offenders <input type="checkbox"/> Incident involving both student and employee offenders

- Name and/or description of accused person(s):
- Date and time of violation(s):
- Description of alleged harassment/bullying/discrimination/incident: *(please be specific)*
- Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each:

Signature of Complainant/Reporter

Date