

Galway Central School District

Dignity for All Students Act – Complaint/Report Form

Report taken by: _____ Received: _____
 Name of Complainant/Reporter: _____ Date Submitted: _____
 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) _____

- 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: _____

Basis of this complaint/grievance (Check all that apply)	Where did the incident occur? (Check all that apply)	What happened during the incident? (Check all that apply)	Incident Types
<ul style="list-style-type: none"> € Race € Ethnic Group € National Origin € Color € Religion € Religious Practice € Disability € Gender € Sexual Orientation € Sex € Weight € Other 	<ul style="list-style-type: none"> € School Bus/Stop € To/From School € Text/Phone/Internet/Social Media € School sponsored activity € Event off school property € School Grounds € Gym € Corridor € Classroom € Cafeteria € Other _____ <p>When _____</p>	<ul style="list-style-type: none"> € Taunting € Threat € Intimidation € Stalking € Theft € Verbal harassment € Retaliation € Humiliation € Exclusion € Physical Contact € Cyber-bullying € Other _____ 	<ul style="list-style-type: none"> € Incident occurring on school property € Incident occurring at school sponsored function off school grounds € Incident occurring off school grounds nexus to school € Incident involving intimidation or abuse, but no verbal threat or physical contact € Incident involving verbal threat but no physical contact € Incident involving physical contact but no verbal threat € Incident involving both verbal threat and physical contact € Incident involving only student offenders € Incident involving only employee offenders € Incident involving both student and employee offenders

Signature of Complainant/Reporter

Date

