



Mount Morris Central School

30 Bonadonna Avenue
Mount Morris, NY 14510

Dignity for All Students Act

Bullying, Harassment and Discrimination Complaint Form

The purpose of this form is to inform the district of an incident, or series of incidents, of bullying and/or harassment so we can investigate and take appropriate steps.

Today's date: _____

Person filling out this form:

- | | |
|------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Community Member |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Component School District Personnel |
| <input type="checkbox"/> Staff Member | |

Contact Information of person filling out this form:

Name: _____

Phone Numbers: (Home) _____ (Cell) _____ (Work) _____

Incident Information

The basis of the actual or perceived bullying, harassment or discrimination is:

- | | | |
|------------------------------------------|---------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religion | <input type="checkbox"/> Gender (identity/expression) |
| <input type="checkbox"/> Weight | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> Sex |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability | |

Name(s) of individuals involved: _____

Is the person(s) involved a (check all that apply):

- Student
- Employee

Description of alleged bullying, harassment, and discrimination:

- Date(s) of the alleged incident(s): _____
- Where did the incident(s) take place? _____
- Explain what happened (use additional paper if necessary): _____

(please attach any supporting documentation (ie. copies of emails, notes, photos, etc.)

- Were there any witnesses? YES NO
- If YES, please list the name of the individual(s): _____
- Has the incident been previously reported? YES NO
- If YES, when and to whom? _____

I certify that all statements on this form are accurate and true to the best of my knowledge.

Signature _____

Date _____