



GILBOA-CONESVILLE CENTRAL SCHOOL DISTRICT
Dignity Act Complaint Form

School District: _____ **School:** _____

Dignity Act Coordinator: Shawn L. Davis **Today's Date:** _____

Name of Person Filing Complaint: _____ **Contact Phone #:** _____

Contact Email: _____

Complainant Role: Student Target Student (Witness) Parent/Guardian Staff Member Other

Complainant Involvement: Directly Involved in Incident Observed Incident Heard about the Incident

Name of Target: _____ **Grade:** _____

Name of Offender: _____ Student/Grade: _____ Staff Other

Name of Other Offender: _____ Student/Grade: _____ Staff Other

Name of Other Offender: _____ Student/Grade: _____ Staff Other

Name of Witness(es) if known:
_____ Student/Grade: _____ Staff Other

_____ Student/Grade: _____ Staff Other

_____ Student/Grade: _____ Staff Other

Date of Incident: _____ **Time of Incident:** _____ am/pm

Location of Incident:

- Auditorium
- Bathroom
- Bus: # _____
- Cafeteria
- Classroom: Room # _____
- Electronic Communication: _____
- Field: _____
- Gymnasium
- Hallway: _____
- Locker Room: Boys' Girls'
- On School Grounds
- Off School Grounds: Location _____
- Event: _____

Type of Incident (check all that apply):

- Physical Contact (kicking, punching, spitting, tripping, pushing, taking belongings, destroying belongings)
- Verbal (spreading rumors/lies, name-calling, put-downs, teasing, being mean, taunting, making threats)
- Psychological (non-verbal actions, social exclusion, intimidation, fear of bodily harm)
- Cyberbullying (use of technology or social media to harass, tease, threaten, post denigrating photos/memes)
- Other (describe): _____

Describe in detail the incident. Be as specific as possible. Include copies of text messages, emails, social media postings, etc.:

If there were any adults present, what did they do? _____

Type of bias involved, if known (check all that apply):

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Disability | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex | |
| <input type="checkbox"/> Economic Background | <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation | |
| <input type="checkbox"/> Ethnic Background | <input type="checkbox"/> Religion | <input type="checkbox"/> Weight/Size | |

Impact of Incident on Student Target (be specific):

Was student target absent as a result of the incident?: NO YES, # of days absent: _____

Previous Incidents with this Offender? NO YES, when: _____
Action taken as a result of last incident: _____

I attest that everything I have asserted here is true to the best of my knowledge.

Signed: _____ Date: _____

Investigation Date(s): _____

Founded, Action Taken: _____

Unfounded

Follow up letter to: Target Parent Date: _____

Offender Parent Date: _____

Dignity Act Coordinator Signature: _____ Date: _____