HOLLAND SCHOOL DISTRICT
DIGNITY COMPLAINT FORM

Name of complainant: ___________________________  Date submitted: ______________

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   (school or location)

_____  a parent or community member

_____  other (please specify your relationship with or association to the District) _________________

Basis of this complaint/grievance:

_____  Race     _____  Religious Practice

_____  Color     _____  Disability

_____  Weight     _____  Gender

_____  National Origin   _____  Sex

_____  Ethnic Group    _____  Sexual orientation

_____  Religion

_____  Other/Not sure (Please briefly explain): ____________________________________________

Name and/or description of accused person(s): ________________________________

Description of Alleged Harassment/Bullying/Discrimination/Incident: ________________________________

Incident is a result of _________ student and/or _________employee conduct.
Incident involved _________ physical contact and/or _________verbal threats, intimidation or abuse.

Date, Time and Place of Violation(s): ____________________________________________

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each: ____________________________________________

Others you may have discussed this complaint/grievance/incident with, including contact information for each: ____________________________________________

Has this incident/discrimination been previously reported?  [ ] Y  [ ] N  If yes, when and to whom?

Describe the remedy, outcome or resolution: ____________________________________________

Remedy Sought by Complainant: ____________________________________________

______________________________________________  ________________________________
Date                                             Signature of Complainant

This form is to be used for complaints based on the Dignity for All Students Act – 8 NYCRR 100.2(kk)