



# LIBERTY CENTRAL SCHOOL DISTRICT



Amy Lynne Black, District Dignity Act Coordinator  
 Jodie Mackrell, Building Coordinator, Elementary School  
 Katlyn Rusin, Building Coordinator, Middle School  
 Stephen Matuszak, Building Coordinator, High School

## Dignity for All Students Act (Dignity Act) Complaint Form (0115.E)

\* Indicates Reporting Requirement for the Dignity Act for All Students Act

Complainant Information				
Complainant Name:				
Date:				
Home and/or Cell Phone:				
Address:				
Email:				
School: Liberty Central School				
Incident Information				
Target (Victim/s) Name:			Sex:	Grade:
*Was Offender a Student, Employee or Both? (circle all that apply)				
Offender/s Name:		Sex:	Grade/Position:	Student/Employee
Offender/s Name:		Sex:	Grade/Position:	Student/Employee
Witness/es				
Witness #1 Name:		Contact Info:	Time/Date when met with Information:	
Witness #2 Name:		Contact Info:	Time/Date when met with Information:	

## Incident Description of Discriminatory and/or Harassing Behaviors

**\*Type of bias based on the person's actual or perceived (check all that apply):**

- |  |                                     |                                 |  |   |                                   |
|--|-------------------------------------|---------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> Race                    | <input type="checkbox"/> Color      | <input type="checkbox"/> Weight | <input type="checkbox"/> Gender          | <input type="checkbox"/> Ethnic Group       | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Religious Practices     | <input type="checkbox"/> Disability | <input type="checkbox"/> Sex    | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation |                                   |
| <input type="checkbox"/> Other, please describe: |                                     |                                 |  |   |                                   |

**\*Description of the Incident:**

**\*Incident involved (check all that applies)?**

- Involving intimidation but no verbal threat or physical contact (such as gestures)
- Involving verbal threats but no physical contact
- Involving physical contact but no verbal threat
- Involving both verbal threat and physical contact
- Involving only student offenders

**\*Location:**

- On school property
- At a school-sponsored function off school grounds
- Cyberspace (indicate site):

**\*Approximate Time:**

**\*Was this incident:**

- A result of an investigation of a written or oral complaint; OR
- Directly observed

**Are there observable changes in the student's (target) behavior (check all that apply)?**

- |   |   |                                     |   |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> Attendance             | <input type="checkbox"/> Grades                     | <input type="checkbox"/> Depression | <input type="checkbox"/> Feelings about self/others |
| <input type="checkbox"/> Antisocial behaviors   | <input type="checkbox"/> Self-destructive behaviors | <input type="checkbox"/> Withdrawal | <input type="checkbox"/> Social interaction/s       |
| <input type="checkbox"/> Other, please explain: |   |                                     |   |

**Additional Information:**

Have you previously complained about or provided information (verbal or written) about bullying, harassment or discrimination or related incidents to the district? \_\_\_\_ Yes \_\_\_\_ No

If yes, when and to whom did you complain or provide information?

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7. If you have retained legal counsel and would like us to work with them, please provide their contact information.

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Preferred contact method (please select one): phone, email, mail, in person

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.).

Return this form to:

**Dignity Act Coordinator and Contact Information:**

Dignity Act Coordinator: Amy Lynne Black 845-292-5400 [ablack@libertyk12.org](mailto:ablack@libertyk12.org)

High School Coordinator: Stephen Matuszak 845-292-5400 [smatuszak@libertyk12.org](mailto:smatuszak@libertyk12.org)

Middle School Coordinator: Katlyn Rusin 845-292-5400 ext 2300 [krusin@libertyk12.org](mailto:krusin@libertyk12.org)

Elementary School Coordinator: Jodie Mackrell 845-292-5400 [jmackrell@libertyk12.org](mailto:jmackrell@libertyk12.org)

**Note on confidentiality:**

*In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff.*

**Administrative Actions Taken (to be completed by administrator)**

**What actions were taken in response to the incident described above (check all that applies)?**

- |  |   |
|--|---|
| <input type="checkbox"/> Unfounded   | <input type="checkbox"/> Founded                                      |
| <input type="checkbox"/> Meeting with School Counselor/Psychologist  | <input type="checkbox"/> Meeting with principal or their designee     |
| <input type="checkbox"/> Verbal Correction   | <input type="checkbox"/> Increased Supervision                        |
| <input type="checkbox"/> Parent/Guardian Called  | <input type="checkbox"/> Transfer to alternative education            |
| <input type="checkbox"/> Awareness/sensitivity session (1-1 with counselor, DAC, teacher, etc.)                | <input type="checkbox"/> Community service (with parental permission) |
| <input type="checkbox"/> Teacher Removal (3214)  | <input type="checkbox"/> Law Enforcement notified                     |
| <input type="checkbox"/> Referral to counseling services for bias-based bullying, harassing, or discriminatory |   |

**Prevention or intervention program or strategy, explain:**

- |  |   |
|--|---|
| <input type="checkbox"/> Lunch Detention                             | <input type="checkbox"/> Conflict Resolution                      |
| <input type="checkbox"/> After School Detention                      | <input type="checkbox"/> Behavioral plan                          |
| <input type="checkbox"/> Referral to counseling or treatment program | <input type="checkbox"/> Referral to community based organization |

**Suspension from class or activities:**

- |  |  |
|--|--|
| <input type="checkbox"/> ISS Full Day    | <input type="checkbox"/> OSS Full Day    |
| <input type="checkbox"/> ISS Partial Day | <input type="checkbox"/> OSS Partial Day |

**Other supports offered or disciplinary actions taken:**

**Other Previous Discriminatory and/or Harassing Incidents, if any**

**Date/s:**

**Description/s:**

**Administrator's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_