



LIBERTY CENTRAL SCHOOL DISTRICT

Amy Lynne Black, District Dignity Act Coordinator
Brittney Cunningham, Building Coordinator, Elementary School
Jodie MacKrell, Building Coordinator, Middle School
Lacy Jones, 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)? <input type="checkbox"/> Involving intimidation but no verbal threat or physical contact (such as gestures) <input type="checkbox"/> Involving verbal threats but no physical contact <input type="checkbox"/> Involving physical contact but no verbal threat <input type="checkbox"/> Involving both verbal threat and physical contact <input type="checkbox"/> Involving only student offenders	*Location: <input type="checkbox"/> On school property <input type="checkbox"/> At a school-sponsored function off school grounds <input type="checkbox"/> Cyberspace (indicate site):
*Approximate Time:	*Was this incident: <input type="checkbox"/> A result of an investigation of a written or oral complaint; OR <input type="checkbox"/> 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:
<p>Have you previously complained about or provided information (verbal or written) about bullying, harassment or discrimination or related incidents to the district? ____ Yes ____ No</p> <p>If yes, when and to whom did you complain or provide information?</p> <p>_____</p> <p>_____</p>

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

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, ext. 5113 ablack@libertyk12.org

High School Coordinator: Lacy Jones 845-292-5400, ext. 2002 ljones@libertyk12.org

Middle School Coordinator: Jodie MacKrell 845-292-5400, ext 2306 jmackrell@libertyk12.org

Elementary School Coordinator: Brittney Cunningham 845-292-5400, ext. 2030 bcunningham@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: _____