LIBERTY CENTRAL SCHOOL DISTRICT

Amy Lynne Black, District Dignity Act Coordinator
Aeowyn Brust, 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 Building: ☐ **Liberty Elementary School** ☐ **Liberty Middle School** ☐ **Liberty High School**

Incident Information				
Target (Victim/s) Name:			Sex:	Grade:
*Is the alleged offender: ☐ Student ☐ Employee ☐ Both (Check 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 <u>all</u> that apply):**

☐ **Race** ☐ **Color** ☐ **Weight** ☐ **Gender** ☐ **Ethnic Group** ☐ **Religion**

☐ **Religious Practices** ☐ **Disability** ☐ **Sex** ☐ **National Origin** ☐ **Sexual Orientation**

Other, please describe: _____

***Description of the Incident**:

***Incident involved (check all that apply):**

- ☐ 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
- ☐ Directly observed

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

☐ Attendance ☐ Grades ☐ Depression ☐ Feelings about self/others ☐ Antisocial Self-destructive

☐ Withdrawal Social interaction/s behaviors behaviors

☐ 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?

_____

_____

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, ablack@libertyk12.org
High School Coordinator: Lacy Jones 845-292-5400, ljones@libertyk12.org
Middle School Coordinator: Jodie MacKrell 845-292-5400, jmackrell@libertyk12.org
Elementary School Coordinator: Aeowyn Brust 845-292-5400, abrust@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)?

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

Prevention or intervention program or strategy, explain:

- ☐ Lunch Detention
- ☐ After School Detention
- ☐ Referral to counseling or treatment program
- ☐ Conflict Resolution
- ☐ Behavioral plan
- ☐ Referral to community based organization

Suspension from class or activities:

- ☐ ISS Full Day
- ☐ ISS Partial Day
- ☐ OSS Full Day
- ☐ 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:**_____