



102 Loralee Drive, Albany, New York 12205

Dignity for All Students Act (Dignity Act) Complaint/Reporting Form

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

Completed form should sent to the building principal. If this is a founded DASA incident, an administrator, counselor or psychologist will review this report and you will be contacted within three school days of submission. If any further incidents occur, you will need to fill out a separate incident report form.

Complainant Name:	Date:		
<u>Complainant Contact Information</u> Home and/or Cell Phone: Address: Email: School:			
Target Victim/s Name:	Sex	Grade	
Offender/s Name:	Sex	Grade/Position	
Offender/s Name:	Sex	Grade/Position	
Offender/s Name:	Sex	Grade/Position	
*Was Offender a Student, Employee or Both? (circle all that apply)			
Witness/es Name and Contact Information:			
Dignity Act Coordinator and Contact 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)			
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Weight	<input type="checkbox"/> National Origin
<input type="checkbox"/> Ethnic Group	<input type="checkbox"/> Religion	<input type="checkbox"/> Religious Practices	<input type="checkbox"/> Disability
<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender	<input type="checkbox"/> Sex	<input type="checkbox"/> Not Sure
<input type="checkbox"/> Other, please describe:			
Description of the Incident and where incident occurred:			

Signature: _____

Date: _____