

Mr. G. Michael Apostol
Superintendent

Mr. Eric Papandrea
7-12 Principal

Mr. Mark Foti
K-6 Principal

Ms. Patti J. Sawyer
CSE Director

Schaghticoke, New York 12154

518-753-4458

District Dignity Act Coordinator: Janet Folkman (Elementary x3063, HS x2523)

DISCRIMINATION, HARASSMENT AND/OR BULLYING COMPLAINT FORM

(Return this form to the designated Dignity Act Coordinator listed below)

Elementary Building: Beth McQueeney (ext. 3504) MS/HS Building: Becky Kellerhouse (ext. 2522)

The purpose of this form is to inform the district of an incident or series of incidents of discrimination, harassment and/or bullying so we can investigate and take appropriate action. If you feel unsafe, or if your child feels unsafe, fill out this form, but we urge you to speak directly with one of our Dignity Act Coordinators by either visiting the school office or calling 753-4458 as soon as possible so we can address your concerns.

Complainant name _____ Staff/Student/Parent/Other Date _____

Victim Name (if not the complainant): _____ Grade: _____

List the name(s) of the individual(s) accused of bullying and/or harassment.

Describe the incident(s). Please include where in the building it happened, how you handled yourself in the situation, and provide specific dates and times.

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.

Please explain any issues you have had with the student(s) in the past.

Were there any witnesses? ____ Yes ____ No If yes, please list the individuals.

Was a teacher or staff member present? ____ Yes ____ No If yes, how did they respond to the situation?

Please attach any supporting documentation (i.e., copies of emails, notes, photos, screen shots, etc.) and return this form to the designated building Dignity Act Coordinator listed on this form.

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

Signature of complainant _____ *Date* _____

Signature of person receiving the complaint _____ *Date* _____

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