



Dignity Act Referral Form

Attach additional pages as needed for items below

Name of complainant (Target): _____ Date submitted: _____

Address: _____

Home Phone: _____ Cell: _____

The complainant (target) is: (check all that apply):

- ____ an employee, holding the position of _____ at _____ (location)
- ____ a student, grade ____ at _____ (school or location)
- ____ a parent or community member
- ____ other (please specify your relationship with or association to the District) _____

What was your involvement in the incident?

- I was directly involved in the incident I observed the incident
- I heard about the incident

What is the basis of the alleged violation/complaint?

- ____ National Origin ____ Gender ____ Religious Practice ____ Ethnic Group
- ____ Color ____ Religion ____ Sex ____ Weight
- ____ Disability ____ Race ____ Sexual Orientation ____ Other

Name and/or description of accused person (s): _____

Date, Time and Place of Incident: _____

Description of Alleged Harassment/Bullying/Discrimination/Incident (Check all that apply):

Intimidation/Abuse: Verbal Threat Physical Contact

Cyberbullying Other

Describe the incident: _____

Witnesses:

Was the student absent from school as a result of the incident?

No Yes, Number of days student was absent: _____

Describe the impact this incident has had on the student (target):

Does the situation continue to occur? Yes No

What do you think should be done about this situation?

Name of person

submitting this referral: _____ **Position:** _____

Referral received by: _____ **Date:** _____