

DIGNITY COMPLAINT FORM  
ONONDAGA CENTRAL SCHOOL DISTRICT

Name of Complainant: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

The Complainant 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) \_\_\_\_\_

Basis of this complaint/ grievance:

- |                       |                          |                          |
|-----------------------|--------------------------|--------------------------|
| _____ Race            | _____ Religious Practice | _____ Ethnic Group       |
| _____ Color           | _____ Disability         | _____ Sexual Orientation |
| _____ Weight          | _____ Gender             | _____ Religion           |
| _____ National Origin | _____ Sex                | _____ Other/Not Sure     |

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

Description of Alleged Harassment/Bullying/Discrimination/Incident: \_\_\_\_\_

Incident is a result of \_\_\_\_\_ Student and/or \_\_\_\_\_ employee conduct

Incident Involved \_\_\_\_\_ physical contact and/or \_\_\_\_\_ verbal threats, intimidation or abuse

Date, Time, and Place of Violation(s): \_\_\_\_\_

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each: \_\_\_\_\_

Others you may have discussed this complaint/grievance/incident with, including contact information for each \_\_\_\_\_

Has this incident/discrimination been previously reported ( ) Y ( ) N If Yes, when and to whom?

Describe the remedy, outcome or resolution: \_\_\_\_\_

Remedy Sought by Complainant: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Complainant