PINE VALLEY CENTRAL SCHOOL DISTRICT DIGNITY COMPLAINT FORM

Name of complainant:		Da	Date submitted:	
Address:				
Home phone:	Cell:	Work:		
	(please circle	the preferred number)		
The complainant is: (check	all that apply):			
an employee, holding	g the position of	at	(location)	
a student, grade	at		(school or location)	
a parent or communi	ty member	association to the District)		
		association to the District)		
Basis of this complaint/griev	/ance:			
Race		Religious Practice		
Color		Disability		
Weight National Origin Ethnic Group		Gender		
National Origin Ethnic Group		Sex		
Religion		Sexual orientation		
Other/Not sure (Please	se briefly explain).	<u> </u>		
			-	
Name and/or description of a	accused person(s):			
Description of Affeged Hara	ssment/Bullying/Discrim	ination/Incident:		
incident is a result of	student and	oremploye	ee conduct.	
ncident involved	physical contact	and/orver	bal threats, intimidation or abuse.	
Date, Time and Place of Vio	lation(s):			
Witnesses, if any, or others w	vho should be contacted v	vith knowledge important to th	is investigation, including contact	
mormation for each:				
Others you may have discuss	sed this complaint/grievar	nce/incident with, including con	ntact information for each:	
las this incident/discriminat	ion haan praviously rape	tado FIV FINI IS-us uda	an1 to 1 0	
ras uns incident/discriminat	ion deen previously repor	ted? []Y []N If yes, wh	en and to whom?	
Date reported to parent/guard	lian:	By whom?		
Describe the remedy, outcom	o or recolation.			
session me remedy, outcom	e of resolution:			
	<u></u>			
Kemedy Sought by Complain	iant:			
) oto	.	21	<u> </u>	
Date	7	Signature of Complainant		

This form is to be used for complaints based on the Dignity for All Students Act – 8 NYCRR 100.2(kk)