

Canastota Central School District Dignity Act Harassment Complaint Form

Return Form to the Office of: (please check appropriate box below)

Jr. / Sr. High School

Roberts Street Elementary

South Side Elementary

Peterboro Elementary

Jay Altobello, Principal
101 Roberts St.
Canastota, NY 13032
(315) 697-2003

Michael Faustino, Principal
120 Roberts St.
Canastota, NY 13032
(315) 697-2029

Robert Taube, Principal
200 High St.
Canastota, NY 13032
(315) 697-6372

Jennifer Carnahan, Principal
220 N. Peterboro St.
Canastota, NY 13032
(315) 697-2027

Directions: If you believe you or someone else, has been the subject of harassment or discrimination in the school environment, please use this form to report the allegations. Harassment is defined as the creation of a hostile environment by conduct or by verbal threats, intimidation or abuse that has or would have the effect of unreasonably and substantially interfering with a student's educational performance, opportunities or benefits, or mental, emotional, or physical well-being. Harassment or discrimination may be based on a student's actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, sex, gender, sexual orientation, disability, or any other categories of individuals protected by federal, state, or local law.

Per the **Dignity for All Students Act**, harassment and/or discrimination toward students by employees or other students on school property or at school functions is prohibited. Be as complete as you can, and submit the form to a building administrator or a Dignity Act Coordinator (DAC). You may submit any additional materials you feel will be helpful along with this form. Please keep copies for yourself.

****PLEASE FILL THIS FORM OUT COMPLETELY****

Date of Complaint: _____ Student Being Discriminated Against: _____

Name of Person(s) committing the alleged harassment: _____

Date(s) and Time(s) of Incident(s): _____

Place(s) where incident occurred: _____

Description of the harassment: _____

Names of Witnesses, If any: _____

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

Name of Reporter: _____ Phone: _____

Received by (School Official): _____ Date Received: _____

(Signature)

Dignity Act Harassment Complaint Investigation Form

To be completed by Principal or DAC
(Attach Target, Alleged Perpetrator, and Witness Interview Forms When Applicable).

Incident was biased-related? Yes No

If yes, circle type of bias below:

Race, weight, national origin, ethnic group, religion, religious practice, mental or physical ability, sexual orientation, gender identity, and sex, other _____

Witness interviewed: _____

Results of investigation: _____

Follow-up/Corrective Action: _____

Person responsible for follow-up: _____

Completed by (School Official): _____ Date: _____
(Signature)