



Smithtown Central School District

26 New York Avenue, Smithtown, New York 11787

Dignity for All Students Act

Complaint Form

(For District/School Files Only)

To be completed by the person reporting the incident or the person receiving the complaint and/or investigating the incident.

Name of School at which the incident(s) occurred or where the alleged student target attends:

Today's date: _____

Name of person reporting incident (you may choose to remain anonymous): _____

Role of person reporting incident (*Check one*)

Student Target Student (witness) Parent/Guardian Staff Member

Other (describe) _____

Reporter's Phone: _____ Reporter's Email: _____

Name of student target (student alleged to be the subject of bullying, harassment or discrimination):

School attended by the student target:

Name(s) of alleged offender(s) (person alleged to have bullied, harassed or discriminated against the target):

School at which the alleged offender attends or works:

Date(s) and time(s) of incident(s):

Where did the incident(s) occur? (*Check all that apply*)

On school property at _____ (*name of school building*)

Cafeteria On a school bus Classroom Gym Off school property Hallway Locker Room

Electronic Communication Bathroom



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At a school function off school property at _____ (*name location*) Other (describe):

Who was involved in the incident?

Student(s) Employee(s) Both student(s) and employee(s)

Describe what happened. (Be as specific as possible). What did the alleged offender say or do? Include copies of any text messages, emails, phone logs, notes, photographs or other documents, if possible.

(Add extra pages if needed)

If there were any adults in the area when this happened, what did they do?

Types of bias allegedly involved, if applicable: Based upon the alleged target's actual or perceived: (Check all that apply)

- Race Religion Sex Color Religious Weight Disability National origin Sexual orientation
 Ethnic group Gender (includes gender identity and gender expression)
 Other (describe) _____

List the names of anyone who may have witnessed the incident:

Was the alleged target absent from school as a result of the incident?

No Yes I don't know. If yes, Number of days student was absent: _____

Does the situation continue to occur, to your knowledge? Yes No



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

Signature: _____

Date: _____

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.).

Return this form to the building principal, the building principal's designee, a member of the Dignity Act Coordination Team or the Dignity Act Coordinator for the school at which the incident occurred or where you or the alleged student target attends or to the District-Wide Coordinator (the names of these individuals are available on the District's website).

You can contact any one of these individuals, a guidance counselor, or any other District staff member, for information or assistance with respect to this report at any time.

Note on confidentiality: In accordance with Board policy, the District will not release the details of a complaint or the identity of the complainant (or the alleged student target) or the individual against whom a complaint is filed to any third party who does not need to know this information. In order to conduct a prompt and thorough investigation and/or to take necessary action to resolve the complaint, the District retains the right to disclose information regarding the complaint in appropriate circumstances to individuals with a need to know.