



## Dignity for All Students Act Complaint Form

**Dignity Act Case No:**

**Dignity Act Coordinators:**

Tameeka Richards, Director of Pupil Personnel Services –

[Trichards@challengecharterschools.org](mailto:Trichards@challengecharterschools.org)

Hollyann Anglin, Challenge Preparatory Charter School –

[hanglin@challengecharterschools.org](mailto:hanglin@challengecharterschools.org)

Kareen Armstrong, Challenge Charter Middle School –

[Karmstrong@challengecharterschools.org](mailto:Karmstrong@challengecharterschools.org)

Bibi Hassan, Challenge Charter High School- [BHassan@challengecharterschools.org](mailto:BHassan@challengecharterschools.org)

<b>Complainant Name:</b>		<b>Date:</b>	
<b>Complainant Contact Information:</b>			
<b>Home Phone:</b>			
<b>Cell:</b>			
<b>Address:</b>			
<b>Email:</b>			
<b>Is the complainant:</b>			
<input type="checkbox"/> Employee, <input type="checkbox"/> Student, <input type="checkbox"/> Parent/Guardian or <input type="checkbox"/> Other – Please specify (choose one)			
<b>Target (Victim/s) Name:</b>	<b>Sex</b>	<b>Grade</b>	
<b>Accused – (Offender/s) Name:</b>	<b>Sex</b>	<b>Grade/Position</b>	
<b>Was Accused a <input type="checkbox"/> Student or <input type="checkbox"/> Employee (choose one)</b>			
<b>School:</b>			
<b>Administrator/Dignity Act Coordinator:</b>			
<b>Witness/es Name:</b>			
<b>Contact Information:</b>			

### Incident Description of Discriminatory and/or Harassing Behaviors

**Type of bias based on the person’s actual or perceived:**

- |   |                                   |  |  |
|---|-----------------------------------|--|--|
| <input type="checkbox"/> race               | <input type="checkbox"/> color    | <input type="checkbox"/> weight              | <input type="checkbox"/> national origin |
| <input type="checkbox"/> ethnic group       | <input type="checkbox"/> religion | <input type="checkbox"/> religious practices | <input type="checkbox"/> disability      |
| <input type="checkbox"/> sexual orientation | <input type="checkbox"/> gender   | <input type="checkbox"/> sex                 |  |
| <input type="checkbox"/> Other: _____       |                                   |  |  |

**Description of the Incident:** ( Not sure)

**Incident Type (choose all that apply):**

<input type="checkbox"/> 1.a Incidents occurring on school property grounds <input type="checkbox"/> 1.b Incidents occurring at school-sponsored function off school	<input type="checkbox"/> 2.a Incidents involving intimidation or abuse but no verbal threat or physical contact <input type="checkbox"/> 2.b Incidents involving verbal threat but no physical contact <input type="checkbox"/> 3.c Incidents involving physical contact but no verbal threat <input type="checkbox"/> 2.d Incidents involving both verbal threat and physical contact	<input type="checkbox"/> 3.a Incidents involving only student offenders <input type="checkbox"/> 3.b Incidents involving only employee offenders <input type="checkbox"/> 3.c Incidents involving both student and employee offenders
---	---	---

**Location:**

**Approximate Time:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Attendance                    | <input type="checkbox"/> grades               | <input type="checkbox"/> social interaction         |
| <input type="checkbox"/> feelings about self or others | <input type="checkbox"/> antisocial behaviors | <input type="checkbox"/> self-destructive behaviors |
| <input type="checkbox"/> withdrawal                    | <input type="checkbox"/> depression           | <input type="checkbox"/> other                      |

**Are there observable changes in the student’s (target) behavior?** (choose all that apply)

**Actions Taken**

**What actions, if any, were taken in response to the incident described above (check all that apply)?**

<input type="checkbox"/> Met with Principal/Designee	<input type="checkbox"/> Parent Called	<input type="checkbox"/> Verbal Correction
<input type="checkbox"/> Increased Supervision	<input type="checkbox"/> Guidance/Counseling Support	<input type="checkbox"/> Conflict Resolution
<input type="checkbox"/> Awareness/Sensitivity Session (1-1 with counselor, DAC, teacher, etc.)	<input type="checkbox"/> Lunch Detention	<input type="checkbox"/> After School Detention
<input type="checkbox"/> Other prevention or intervention strategy, explain:		
<input type="checkbox"/> Suspension from Class or Activities	ISS: <input type="checkbox"/> Full Day <input type="checkbox"/> Partial Day	OSS: <input type="checkbox"/> Full Day <input type="checkbox"/> Partial Day
<input type="checkbox"/> Behavioral Plan	<input type="checkbox"/> Referral to Counseling or Treatment Program	<input type="checkbox"/> Teacher Removal (3214)
<input type="checkbox"/> Transfer to Alternative Education	<input type="checkbox"/> Law Enforcement Notified	

Other:

Other Alleged Discriminatory and/or Harassing Incidents, if any

Date(s):

Description of the Incident(s):

FINDINGS & RECOMMENDATIONS

Click or tap here to enter text.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_