

Dignity for All Students Act Complaint Form

**Dignity Act Case No:**

**Dignity Act Coordinators:**

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

# Incident Description of Discriminatory and/or Harassing Behaviors

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

## race color weight national origin

ethnic group religion religious practices disability sexual orientation gender sex

Other:

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

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

1.a Incidents occurring 2.a Incidents involving 3.a Incidents involving on school property intimidation or abuse but only student offenders grounds no verbal threat or physical 3.b Incidents involving

1.b Incidents occurring contact only employee offenders at school-sponsored 2.b Incidents involving 3.c Incidents involving function off school verbal threat but no both student and employee

## physical contact offenders

3.c Incidents involving physical contact but no verbal threat

2.d Incidents involving both verbal threat and physical contact

**Location:**

**Approximate Time:**

Attendance grades social interaction

feelings about self or antisocial behaviors self-destructive

others behaviors withdrawal depression 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)?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Met with Principal/Designee |  |  | Parent Called | | | | |  |  | Verbal Correction | | | | |
|  |  |  |
|  |  | Increased Supervision |  |  | Guidance/Counseling Support | | | | |  |  | Conflict Resolution | | | | |
|  |  |  |
|  |  | Awareness/Sensitivity ssion (1-1 with counselor, AC, teacher, etc.) |  |  | Lunch Detention | | | | |  |  | After School Detention | | | | |
| Se  D |  |  |
|  |  | Other prevention or intervention strategy, explain: | | | | | | | |  | | | | | | |
|  |
|  |  | Suspension from Class or ctivities | ISS: | | |  | Full Day |  | Partial Day | OSS: | | |  | Full Day |  | Partial Day |
| A |  |  |  |  |
|  |  | Behavioral Plan |  |  | Referral to Counseling or eatment Program | | | | |  |  | Teacher Removal (3214) | | | | |
|  | Tr |  |
|  |  | Transfer to Alternative Education |  |  | 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_