



# Elmont Union Free School District

Reaching and Teaching for Excellence

PPS Office - 1735 Hempstead Turnpike. Elmont, NY 11003 – 516-326-5580

## Dignity for All Students Act (Dignity Act) Complaint/Reporting Form

**\*Indicates Reporting Requirement for the Dignity Act for All Students Act**

Completed form should be emailed: [smuller@elmontschools.org](mailto:smuller@elmontschools.org) or mailed to PPS Office (above) c/o Stephanie Muller

Complainant Name:	Date:		
<u>Complainant Contact Information</u>			
Home and/or Cell Phone:			
Address:			
Email:			
School:			
Target Victim/s Name:	Sex	Grade	
Offender/s Name:	Sex	Grade/Position	
Offender/s Name:	Sex	Grade/Position	
Offender/s Name:	Sex	Grade/Position	
<b>*Was Offender a Student, Employee or Both? (circle all that apply)</b>			
Witness/es Name and Contact Information:			
Dignity Act Coordinator and Contact Information:			
Incident Description of Discriminatory and/or Harassing Behaviors			
<b>*Type of bias based on the person's actual or perceived (check <u>all</u> that apply)</b>			
<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"/> Not Sure
<input type="checkbox"/> Other, please describe:			
<b>Description of the Incident and where incident occurred:</b>			

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

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