



# LIBERTY CENTRAL SCHOOL DISTRICT

Amy Lynne Black, District Dignity Act Coordinator  
 Brittney Cunningham, Building Coordinator, Elementary School  
 Jodie MacKrell, Building Coordinator, Middle School  
 Destiny Matos, Building Coordinator, High School



## Dignity for All Students Act (Dignity Act) Complaint Form (0115.E)

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

### Complainant Information

Complainant Name:

Date:

Home and/or Cell Phone:

Address:

Email:

School: Liberty Central School

### Incident Information

Target (Victim/s) Name:	Sex:	Grade:	
*Was Offender a Student, Employee or Both? (circle all that apply)			
Offender/s Name:	Sex:	Grade/Position:	Student/Employee
Offender/s Name:	Sex:	Grade/Position:	Student/Employee

### Witness/es

Witness #1 Name:	Contact Info:	Time/Date when met with Information:
Witness #2 Name:	Contact Info:	Time/Date when met with Information:

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

\*Type of bias based on the person's actual or perceived (check all that apply):

Race     
  Color     
  Weight     
  Gender     
  Ethnic Group     
  Religion  
 Religious Practices     
  Disability     
  Sex     
  National Origin     
  Sexual Orientation  
 Other, please describe:

<b>*Description of the Incident:</b>	
<b>*Incident involved (check all that applies)?</b> <input type="checkbox"/> Involving intimidation but no verbal threat or physical contact (such as gestures) <input type="checkbox"/> Involving verbal threats but no physical contact <input type="checkbox"/> Involving physical contact but no verbal threat <input type="checkbox"/> Involving both verbal threat and physical contact <input type="checkbox"/> Involving only student offenders	<b>*Location:</b> <input type="checkbox"/> On school property <input type="checkbox"/> At a school-sponsored function off school grounds <input type="checkbox"/> Cyberspace (indicate site):
<b>*Approximate Time:</b>	<b>*Was this incident:</b> <input type="checkbox"/> A result of an investigation of a written or oral complaint; OR <input type="checkbox"/> Directly observed

<b>Are there observable changes in the student's (target) behavior (check all that apply)?</b>			
<input type="checkbox"/> Attendance	<input type="checkbox"/> Grades	<input type="checkbox"/> Depression	<input type="checkbox"/> Feelings about self/others
<input type="checkbox"/> Antisocial behaviors	<input type="checkbox"/> Self-destructive behaviors	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Social interaction/s
<input type="checkbox"/> Other, please explain:			

<b>Additional Information:</b>
<p>Have you previously complained about or provided information (verbal or written) about bullying, harassment or discrimination or related incidents to the district? ____ Yes ____ No</p> <p>If yes, when and to whom did you complain or provide information?</p> <p>_____</p> <p>_____</p>

7. If you have retained legal counsel and would like us to work with them, please provide their contact information.

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Preferred contact method (please select one): phone, email, mail, in person

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

Return this form to:

**Dignity Act Coordinator and Contact Information:**

Dignity Act Coordinator: Amy Lynne Black 845-292-5400, [ablack@libertyk12.org](mailto:ablack@libertyk12.org)

High School Coordinator: Destiny Matos 845-292-5400, [dmatos@libertyk12.org](mailto:dmatos@libertyk12.org)

Middle School Coordinator: Jodie MacKrell 845-292-5400, [jmackrell@libertyk12.org](mailto:jmackrell@libertyk12.org)

Elementary School Coordinator: Brittney Cunningham 845-292-5400, [bcunningham@libertyk12.org](mailto:bcunningham@libertyk12.org)

**Note on confidentiality:**

*In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff.*

**Administrative Actions Taken (to be completed by administrator)**

**What actions were taken in response to the incident described above (check all that applies)?**

- |  |   |
|--|---|
| <input type="checkbox"/> Unfounded   | <input type="checkbox"/> Founded                                      |
| <input type="checkbox"/> Meeting with School Counselor/Psychologist  | <input type="checkbox"/> Meeting with principal or their designee     |
| <input type="checkbox"/> Verbal Correction   | <input type="checkbox"/> Increased Supervision                        |
| <input type="checkbox"/> Parent/Guardian Called  | <input type="checkbox"/> Transfer to alternative education            |
| <input type="checkbox"/> Awareness/sensitivity session (1-1 with counselor, DAC, teacher, etc.)                | <input type="checkbox"/> Community service (with parental permission) |
| <input type="checkbox"/> Teacher Removal (3214)  | <input type="checkbox"/> Law Enforcement notified                     |
| <input type="checkbox"/> Referral to counseling services for bias-based bullying, harassing, or discriminatory |   |

**Prevention or intervention program or strategy, explain:**

- |  |   |
|--|---|
| <input type="checkbox"/> Lunch Detention                             | <input type="checkbox"/> Conflict Resolution                      |
| <input type="checkbox"/> After School Detention                      | <input type="checkbox"/> Behavioral plan                          |
| <input type="checkbox"/> Referral to counseling or treatment program | <input type="checkbox"/> Referral to community based organization |

**Suspension from class or activities:**

- |  |  |
|--|--|
| <input type="checkbox"/> ISS Full Day    | <input type="checkbox"/> OSS Full Day    |
| <input type="checkbox"/> ISS Partial Day | <input type="checkbox"/> OSS Partial Day |

**Other supports offered or disciplinary actions taken:**

**Other Previous Discriminatory and/or Harassing Incidents, if any**

**Date/s:**

**Description/s:**

**Administrator's Signature:** \_\_\_\_\_

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