Dignity for All Students (Dignity Act) School Complaint Form
(* Indicates reporting requirement for the Dignity Act for All Students Act)

Complainant Name: ___________________________ Date: ______
School/Position: ______________________________

Target (Victim/s) Name: _________________________ Sex: _____ Grade: _____

Offender/s Name: ______________________________ Sex: _____ Grade/Position: ________
Offender/s Name: ______________________________ Sex: _____ Grade/Position: ________
Offender/s Name: ______________________________ Sex: _____ Grade/Position: ________
Circle all that apply: *Was the offender a: Student, Employee, or Both?

Location of Incident: ____________________________________________

Witness/es Name: ___________________________ Sex: ___ Grade: ______
Witness/es Name: ___________________________ Sex: ___ Grade: ______
Witness/es Name: ___________________________ Sex: ___ Grade: ______

Dignity Act Coordinators:
Bradt: Ms. Leslie Smith           Pinewood: Mr. Jason Thompson
Draper: Mr. Rick Arket           Mohonasen High School: Mr. Craig Chandler

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  __National Origin
__Ethnic Group  __Religion  __Religious Practices  __Disability
__Sexual Orientation  __Gender  __Sex  __Not Sure
__Other, please describe:

*Description of the Incident (Be specific):

*Incident involved (check all that apply)
__Involving intimidating or abuse but no verbal threat or physical contact
__Involving verbal threats but no physical contact
__Involving physical contact but no verbal threat
__Involving both verbal threat and physical contact
__Involving only student offenders

Office Use Only
Action Taken:

DASA reportable:  __ Yes  __ No