

OGDENSBURG CITY SCHOOL DISTRICT  
OGDENSBURG, NEW YORK

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SUBJECT: Review and Discussion of District Policy #7550: Dignity for All Students Act - Complaint Form

DATE: December 18, 2017

REASON FOR BOARD CONSIDERATION:

The Board of Education must review and approve all policies and regulations of the Ogdensburg City School District.

FACTS AND ANALYSIS:

The Ogdensburg City School District Board of Education recognizes that learning environments that are safe and supportive can increase student attendance and improve academic achievement. Therefore, in accordance with the Dignity for all Students Act, Education Law, Article 2, the District will strive to create an environment free of discrimination and harassment and will foster civility in the schools to prevent and prohibit conduct which is inconsistent with the District's educational mission. Therefore; the Commissioners will review and discuss the attached Dignity for all Students complaint form.

RECOMMENDED ACTION:

No action necessary information and discussion only.

APPROVED FOR PRESENTATION TO THE BOARD:

  
\_\_\_\_\_  
Superintendent

TMV/alf  
attachment

**OGDENSBURG CITY SCHOOL DISTRICT  
DIGNITY COMPLAINT FORM**

Name of complainant: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
(please circle the preferred number)

The complainant is: (check all that apply):

\_\_\_\_\_ an employee, holding the position of \_\_\_\_\_ at \_\_\_\_\_ (location)  
 \_\_\_\_\_ a student, grade \_\_\_\_\_ at \_\_\_\_\_ (school or location)  
 \_\_\_\_\_ a parent or community member  
 \_\_\_\_\_ other (please specify your relationship with or association to the District) \_\_\_\_\_

Basis of this complaint/grievance:

_____ Race	_____ Religious Practice
_____ Color	_____ Disability
_____ Weight	_____ Gender
_____ National Origin	_____ Sex
_____ Ethnic Group	_____ Sexual orientation
_____ Religion	
_____ Other/Not sure (Please briefly explain): _____	

Name and/or description of accused person(s): \_\_\_\_\_

Description of Alleged Harassment/Bullying/Discrimination/Incident: \_\_\_\_\_

Incident is a result of \_\_\_\_\_ student and/or \_\_\_\_\_ employee conduct.

Incident involved \_\_\_\_\_ physical contact and/or \_\_\_\_\_ verbal threats, intimidation or abuse.

Date, Time and Place of Violation(s): \_\_\_\_\_

Witnesses, if any, or others who should be contacted with knowledge important to this investigation, including contact information for each: \_\_\_\_\_

Others you may have discussed this complaint/grievance/incident with, including contact information for each: \_\_\_\_\_

Has this incident/discrimination been previously reported? [ ] Y [ ] N If yes, when and to whom?

Describe the remedy, outcome or resolution: \_\_\_\_\_

Remedy Sought by Complainant: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Complainant

*This form is to be used for complaints based on the Dignity for All Students Act – 8 NYCRR 100.2(kk)*