

**CLYMER CENTRAL 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