

Auburn Enlarged 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