Manchester-Shortsville Central School District
1506 Route 21, Shortsville, NY 14548-9502

Dignity for All Students Referral Form
Return Form to the Office of: (please check appropriate box below)

☐ Elementary School
  Jeffrey McCarthy, Principal
  (585) 289-9647

☐ Middle School
  Karen Hall, Principal
  (585) 289-3967

☐ High School
  Mark Bracy, Principal
  (585) 289-3966

Directions: If you believe you, or someone else, has been the subject of harassment or discrimination in the school environment, please use this form to report the allegations. Harassment is defined as the creation of a hostile environment by conduct or by verbal threats, intimidation or abuse that has or would have the effect of unreasonably and substantially interfering with a student’s educational performance, opportunities or benefits, or mental, emotional, or physical well-being. Harassment or discrimination may be based on a student’s actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, sex, gender, sexual orientation, disability, or any other categories of individuals protected by federal, state, or local law.

Per the Dignity for All Students Act, harassment and/or discrimination toward students by employees or other students on school property or at school functions is prohibited. Be as complete as you can, and submit the form to a building administrator or a Dignity Act Coordinator (DAC). You may submit any additional materials you feel will be helpful along with this form. Please keep copies for yourself.

**PLEASE FILL THIS FORM OUT COMPLETELY**

Date of Complaint: ___________ Student Being Discriminated Against: __________________________________________

Name of Person(s) committing the alleged incident: __________________________________________________________

Date(s) and Time(s) of Incident(s): _______________________________________________________________________

Place(s) where incident occurred: _______________________________________________________________________

Description of the harassment: _________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

_______________________________________________________________________________________________________

Names of Witnesses, If any: _____________________________________________________________________________

What Corrective Actions are you seeking, if any? ____________________________________________________________________________________________

I certify that all statements on this form are accurate and true to the best of my knowledge.
Name of Reporter: _________________________________________ Phone: ________________________________

Received by (School Official): ____________________________ Date Received: __________________________