



**HOME OF THE BRUINS!**

**Brighton Believes Packet**

**BHS believes that everyone has the right to attend school in an environment that is safe, welcoming, caring, professional, and free from harassment.**

*Do you have a concern about safety, harassment, or a DASA violation?*



## **REPORTING CONCERNS**

- Seek out a SAFE staff member, counselor, or administrator for assistance.
- Talk to your parents about the incident and seek their advice.
- E-mail your concerns to a counselor or administrator.
  - [Tom\\_hall@bcasd.org](mailto:Tom_hall@bcasd.org)
  - Dr. Hall is the DASA coordinator for BHS.
- Seek out a SAFE friend or member of a club you are comfortable talking to about the concern – Student leaders from Link Crew, Friends of Rachel, Natural Helpers, Teen Institute.
- Call the Safe Schools Hotline.
  - **1-800-418-6423 ext. 359**
- Submit a Discrimination/Harassment Complaint Form attached.

**Concerns may be reported anonymously!**

**Use the Safe Schools Hotline!**

**“If you see something, Say Something!”**

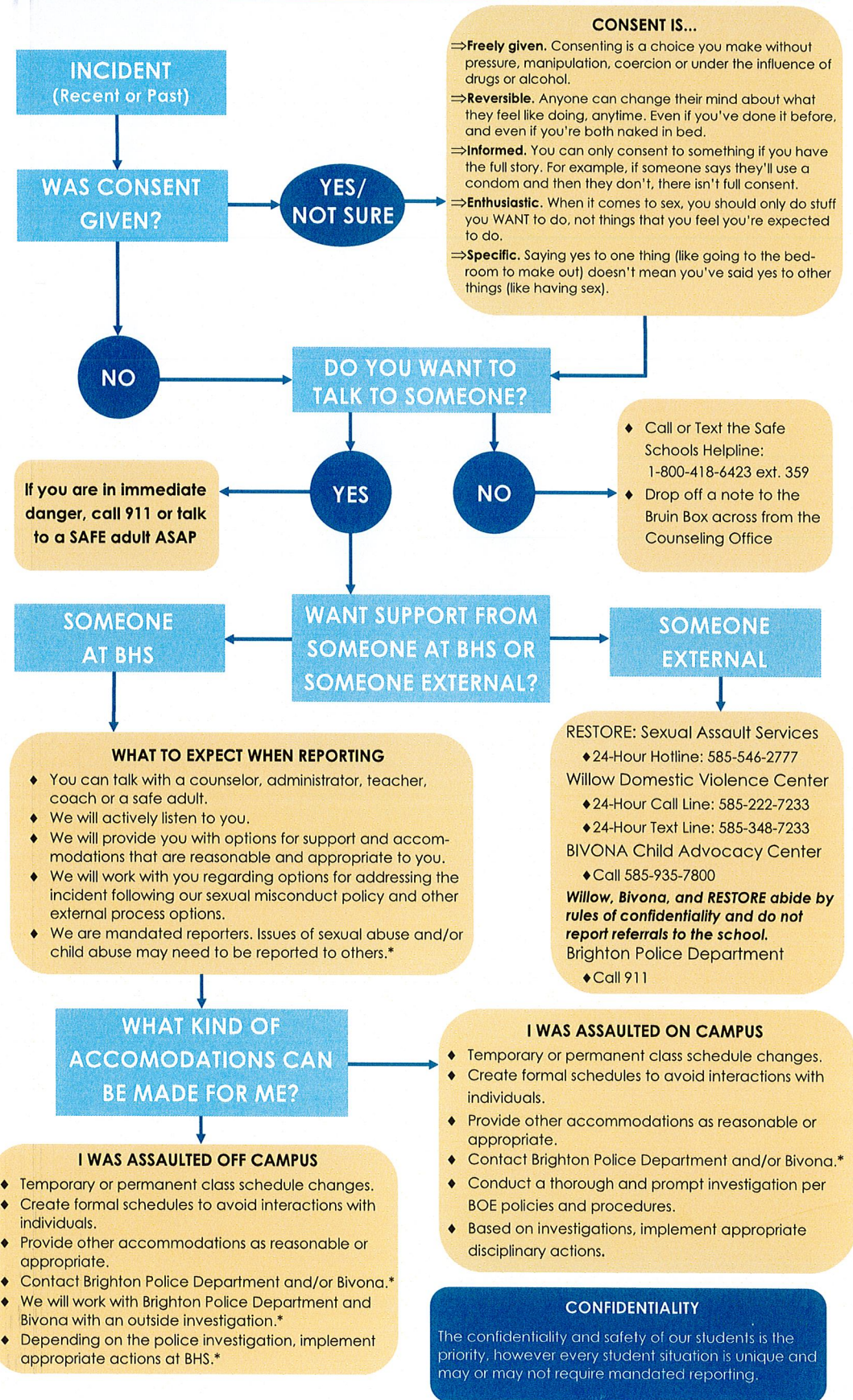


## Examples of safety concerns you may report include:

- potential acts or threats of violence
- weapons
- physical/verbal altercations, fighting, or instigating a fight
- sexual harassment/abuse and/or sexual assault
- abusive relationships (physical/verbal)
- Any Dignity for All Students Act (DASA) violations
  - **The Dignity Act prohibits discrimination against students by students and/or employees on/off school property or at a school function.**
    - Students are prohibited from making comments/threats or creating social media posts that are racist, sexist, homophobic, antisemitic, hateful, derogatory, and/or threatening that could reasonably be found to be offensive/hurtful and/or illegal.
    - Students are prohibited from posting images, pictures, memes, videos, comments that are racist, sexist, homophobic, antisemitic, hateful, derogatory, and/or threatening that could reasonably be found to be offensive/hurtful and/or illegal.
- bullying/cyber-bullying
- concern for someone's mental or emotional health and well-being
- concerns about suicide/students making concerning comments about hurting themselves
- drug or alcohol or vaping use/abuse
- theft



# SUPPORT AND REPORTING OPTIONS FOR SURVIVORS OF SEXUAL MISCONDUCT/ASSAULT AT BHS



\*Pending circumstances of a situation, this may be required by law.



**Brighton Central School District**



**Discrimination & Harassment Complaint Form**

(please type or print clearly)

Date submitted:

**SECTION I**

Name of Complainant (print)

Signature of Complainant

Complainant's Home Address

Complainant's Phone Number(s)

Street Address

Home: (     )

City/Town, State

Cell: (     )

Zip Code

Work: (     )

**Complainant's Role(s) in the School (check all that apply)**

Student

Grade: \_\_\_\_\_

Age: \_\_\_\_\_

District employee

Parent or guardian

Community member or other

**SECTION II**

School Building Name/ Location

School Principal's Name/ Department Head

**SECTION III**

**The Discrimination or Harassment is Based on Your: (check all that apply)**

Race

Color

Creed

Religion

Religious Practice

National Origin

Ethnic Group

Sex (includes sexual harassment and sexual violence)

Gender Identity

Sexual Orientation/LGTBQIA+ (the term "sexual orientation" means heterosexuality, homosexuality, bisexuality, intersex, asexuality, etc.)

Political Affiliation

Age

Marital Status

Military Status

Veteran Status

Disability

Weight

Domestic Violence Victim Status

Arrest or Conviction Record

Genetic Information

Socioeconomic Status

Other (specify) \_\_\_\_\_

### SECTION IV

Date of first alleged incident of discrimination or harassment:

Name of the person(s) committing action(s) against complainant, if known:

Name(s):

Their job or role (if known):

Description of incident(s):

Witnesses, if any, or others who should be contacted with knowledge vital to this investigation (include contact information for each person):  
-Use additional paper if necessary-

Name(s):

Contact Information:

Others you may have discussed this incident with, including contact information for each:

Name(s):

Contact Information:

### SECTION V

If there are multiple instances of alleged discrimination or harassment, provide the dates, description of the incidents, and those involved:  
 Section does not apply

Name(s):

Their job or role (if known):

Description of incident(s) with dates:

Has this matter of discrimination or harassment been previously reported?

No

Yes      Date:

Reported to (Name, Title/Job):

If yes, describe the outcome or resolution:

### SECTION VI

Remedy, outcome or resolution sought by complainant:

Once completed, please forward this form to Lou Alaimo or Deanna Spagnola at  
2035 Monroe Avenue, Rochester NY 14618 or [lou\\_alaimo@bcasd.org](mailto:lou_alaimo@bcasd.org) or [deanna\\_spagnola@bcasd.org](mailto:deanna_spagnola@bcasd.org)  
or to your Principal or the Department Head.