

HARASSMENT AND/OR BULLYING COMPLAINT FORM

Please use this form to report incidents of bullying which you believe are occurring in our school. The information you share will NOT be shared with other students. By helping us know what to look for, adults can be “assigned” to places where bullying occurs and reduce the chances that bullying will happen.

Please check, where applicable:

I am a student _____ Parent _____
Employee _____ Position _____ Other _____
Name: _____

Relationship to Target:

I am the target of the alleged harassment Yes _____ No _____
I am the parent of the target Yes _____ No _____
Other (Please Describe your relationship to the target) _____

Source of Information Reported

I received a report of harassment/bullying or discrimination Yes ___ No ___

Report made by: _____

I observed harassment/bullying or discrimination Yes ___ No ___

Other: _____

Name of Target(s) of alleged bullying, harassment: _____

Name(s) of alleged aggressor(s) _____

In my opinion, the student named above was targeted because of his/her actual or perceived (check those that apply):

Race _____ Color _____

Weight _____ National Origin _____

Ethnic Group _____ Religion _____

Disability _____ Sexual Orientation _____

Religious Practice _____

Gender _____ (identity or expression) Sex _____

None of the above: _____ Please explain: _____

WYNANTSKILL

Date(s) of Incident(s):

Incident (1) Date: _____ Approximate time _____
Location _____ Potential Witnesses: _____

Incident (2) Date: _____ Approximate time _____
Location _____ Potential Witnesses: _____

Incident (3) Date: _____ Approximate time _____
Location _____ Potential Witnesses: _____

Please describe where the incident occurred and in your own words describe to the best of your ability what you observed for each incident listed. (Please number the incidents as you describe them provide as many details as you can recall and be as specific as possible including the names of all persons who participated in the alleged harassment):

Cyberbullying

If the harassment involved the use of any electronic communications, please answer the questions below: How did you become aware of the electronic communication?

Date and Time: _____ Sent By: _____

Other Recipients: _____

If available please provide the link(s) to the page or forward a copy of the message you received to:

scornell@wynantskillufsd.org

or

amurphy@wynantskillufsd.org

If you have any additional information you believe may be relevant to our investigation, please advise: _____

ACKNOWLEDGEMENT

To the best of my knowledge, all of the information I have reported here is accurate and true.

Signature _____

Date _____

WYNANTSKILL

If you have additional information and would like to speak with a member of our investigation team please check, as applicable:

Yes _____ I would like to be contacted by a Dignity Act Coordinator or an Administrator.

If you are not a student, please include a phone number where you can be reached.

THANK YOU FOR YOUR TIME AND COOPERATION IN COMPLETING THIS REPORT

For Administrative Use Only

Form submitted to: _____ Position: _____

Date Received: _____

Original Adoption Date: May 21, 2015

1st Revision Date: November 17, 2016