

HARRASMENT AND/OR BULLYING COMPLAINT FORM

The purpose of this form is to inform the district of an incident or series of incidents of bullying and/or harassment so we can investigate and take appropriate steps. If you feel unsafe, or if your child feels that way, fill out this form, but we urge you to speak directly with the building principal by either visiting the main office or calling (518) 856-9421 as soon as possible so we can address your concerns.

Student Name: _____

Student ID: _____

Grade: _____

School: _____

Describe the incident(s). Please include when and where it happened.

List the name(s) of the individuals(s) accused of bullying and/or harassment.

Were there any witnesses? ___ Yes ___ No If yes, please list the names of the individual(s).

I certify that all statements on this form are accurate and true to the best of my knowledge.

Signature

Date

Please attach any supporting documentation. (i.e. copies of emails, notes, photos, etc.)

Return form to: Lorraine J. Childs, Building Principal
St. Regis Falls Central School
92 North Main Street, PO Box 309
St. Regis Falls, NY 12980

Phone: (518) 856-9421

Note on confidentiality:

In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/ staff.