

**STUDENT BULLYING AND HARASSMENT COMPLAINT FORM**

The purpose of this form is to inform the district of an incident or series of incidents of bullying or harassment so we can investigate and take appropriate steps.

The district prohibits bullying and harassment of students on the basis of actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sex, sexual orientation, and gender identity or gender expression.

**If the student feels unsafe at school, fill out this form, but we urge you to speak directly with \_\_\_\_\_ by either visiting room \_\_\_\_ or calling \_\_\_\_\_ as soon as possible so we can address your concerns.**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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

Contact information: \_\_\_\_\_

1. List the name(s) of the individual(s) accused of bullying and/or harassment (use additional sheets if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe the incident(s). Please include when and where it happened. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. I believe the harassment is based on my (check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> race            | <input type="checkbox"/> ethnic group       | <input type="checkbox"/> sex                           |
| <input type="checkbox"/> color           | <input type="checkbox"/> religion           | <input type="checkbox"/> sexual orientation            |
| <input type="checkbox"/> weight          | <input type="checkbox"/> religious practice | <input type="checkbox"/> gender identity or expression |
| <input type="checkbox"/> national origin | <input type="checkbox"/> disability         | <input type="checkbox"/> other: _____                  |

4. Is the harassment continuing?  Yes  No

5. Please list the name (if known) of anyone who witnessed the incident or may have information related to your complaint.

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

*The following question is optional, but may help the district's investigation.*

6. Have you previously complained about or provided information (verbal or written) about bullying, harassment or discrimination or related incidents to the district? \_\_\_\_ Yes \_\_\_\_ No

If yes, when and to whom did you complain or provide information?

7. If you have retained legal counsel and would like us to work with them, please provide their contact information.

|       |
|-------|
| _____ |
| _____ |
| _____ |

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Preferred contact method (please select one): phone, email, mail, in person

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

Return this form to:

**Schodack Central School District  
Attn: K-12 Building Administrator  
1477 South Schodack Road  
Castleton, NY 12033**

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.