0115-E STUDENT HARASSMENT AND/OR BULLYING 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

(including traits historically associated with race, including, but not limited to, hair texture and protective hairstyles such as but not limited to braids, locks, and twists), color, weight, national origin, ethnic group, 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 your principal by either visiting their office or calling as soon as possible so we can address your concerns.

Alleged Victim Student Name:	School:	Student ID:
Parent/Guardian Name		
Contact information:		
Role of person reporting incident: Student target Student witness	Parent/Guardian	
Staff Member Other		
2. Name(s) of the alleged offender(s):		
3. Date and time of incident(s):		

offender(s) say or do? Include	any copies of text message	cific as possible). What did the alleged es, emails, etc. if possible. (Please use evant documents or evidence.)
		
 5. What was your involvement I was directly involved in the line of the	ne incidentt	Electonic Communication Off school property Locker Room
7. Please list the name (if know information related to your com		ed the incident or may have
8. Type of incident (check all the physical contact (kicking). Verbal threats (name-call psychological (non-verbal psychological psychological (non-verbal psychological	, punching, spitting, pushing ling, put-downs, teasing, ma al actions, social exclusion, ents that put an individual i technology/social media to	aking threats) intimidation) in bear of bodily harm) o harass, threaten, post pictures, etc)

ra	pias involved (if known): (check all that apply): aceethnic groupsexcolorreligionsexual orientationweigh
	eligious practicegender identity or expressionnational origindisability ther
10. Does the	e situation continue to occur?YesNo
11. What do	you think should be done about the situation?
•	ou previously complained about or provided information (verbal or written) about assment or discrimination or related incidents to the district?YesNo
f yes, when	and to whom did you complain or provide information?
Γhe following	g question is optional, but may help the district's investigation.
	l) If you have retained legal counsel and would like us to work with them, de their contact information.
	all statements on this form are accurate and true to the best of my
Name:	
Relationship	to student/alleged victim:
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: Your Building Principal or DAC
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.
Updated: 10/2/2023

Dobbs Ferry Union Free School District