

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, 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 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: _____

1. 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):

9. Types of bias involved (if known): (check all that apply):

race ethnic group sex color religion sexual orientation weight
 religious practice gender identity or expression national origin disability
 other _____

10. Does the situation continue to occur? Yes No

11. What do you think should be done about the situation? _____

12. 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? _____

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

13. (Optional) 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/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