

**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 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 principal by either visiting the main office or calling 607.638.5881 as soon as possible so we can address your concerns.**

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

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

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

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

List the name(s) of the individual(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