

Miller Place Union Free School District

Miller Place, New York 11764

Board of Education Policy

5020.5.E.1

**STUDENT HARASSMENT AND BULLYING PREVENTION AND INTERVENTION
COMPLAINT FORM**

Name of Complainant:		Today's Date:
Name of Victim (If Different):		Date of Occurrence:
Name and or description of Alleged Perpetrator:		Time of Occurrence:
Location of Incident (select all that apply):		
<input type="checkbox"/> On school property	<input type="checkbox"/> On a school bus	<input type="checkbox"/> On the way to/from school
<input type="checkbox"/> At a school sponsored activity or event off school property	<input type="checkbox"/> Other (specify)	
Please describe in as much detail as possible the specifics of the incident (or attach additional information):		
Basis of this complaint/grievance (select all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Ethnic Group	<input type="checkbox"/> Gender Identity
<input type="checkbox"/> Color	<input type="checkbox"/> Religion	<input type="checkbox"/> Sex
<input type="checkbox"/> Weight	<input type="checkbox"/> Religious Practice	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> National Origin	<input type="checkbox"/> Disability	<input type="checkbox"/> None of the above
Please list individuals who may have witnessed the incident or who may have pertinent information:		
Have there been previous incidents of Bullying and Harassment by the alleged perpetrator? If yes, please explain:		

Signature of Complainant

Date

Please attach any supporting documentation you may have (letters, photocopies of electronic communications, etc.) and return to the victim's school building Dignity Act Coordinator. If you fear that a student is in immediate danger, contact the police.

Referral received by: _____ Date: _____

This form is to be used for complaints based on The Dignity for All Students Act-8 NYCRR 100.2(kk).

Adopted: 06/23/2010
Reviewed: 05/29/2013 03/29/2017 04/25/2018
Revised: 06/12/2013 04/26/2017 05/30/2018