Plainview-Old Bethpage Central School District

Office of Human Resources and Safety
106 Washington Avenue, Plainview, NY 11803

DASA BULLYING OR HARASSMENT FORMAL COMPLAINT FORM

School Building:	
Today's Date:	
Name of Person(s) Reporting the Incident:	
Reporting Person(s) Phone #:	
Email:	
Name of Alleged Victim(s):	
Name of Alleged Offender(s):	
Date and Time of Incident(s):	
Location of Incident(s):	
Description of Incident(s):	
Were injuries reported?	☐No ☐ Yes-description:
Name of Witness(s), if any	
Were Parents Notified?	☐No ☐ Yes-notification done by:
Has an incident with the same offender been reported before?	☐No ☐ Yes-date and name of person(s) notified:
What was the resolution?	

Signature of Complainant: _____

Name/Signature of Person Receiving this Complaint: _____

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