

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 Target/Victim (If Different):		Date of Occurrence:	
Name and or description of Alleged Offender:		Time of Occurrence:	
Location of Incident (select all that apply):			
☐ On school property	☐ On a school bus	☐ On the way to/from school	
☐ At a school sponsored activity or event off school property	☐ 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):			
☐ Race	☐ Ethnic Group	☐ Gender (including identity/expression)	
☐ Color	☐ Religion	☐ Sex	
☐ Weight	☐ Religious Practice	☐ Sexual Orientation	
☐ National Origin	☐ Disability	☐ 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:			

Are there observable changes in the student's (target) behavior (check all that apply)?

☐ Attendance	☐ Grades	☐ Depression	☐ Feelings about self/others
☐ Antisocial behaviors	☐ Self-destructive behaviors	☐ Withdrawal	☐ Social interaction/s
☐ Other, 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 04/23/2025
Revised: 06/12/2013 04/26/2017 05/30/2018 05/28/2025