

**HARASSMENT, DISCRIMINATION AND/OR BULLYING COMPLAINT FORM**

Today's Date: \_\_\_\_\_ Name of Student Target: \_\_\_\_\_ Age: \_\_\_\_\_

Grade or Program Level: \_\_\_\_\_

Person Reporting Incident (check one):  Parent  Student  Staff  Other

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ E-mail: \_\_\_\_\_

Describe the incident including date, time and location.

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List the names of the alleged offender(s) and the school they attend.

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List the name of witnesses and their title.

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*I certify that all statements on this form are accurate and true to the best of my knowledge.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.).

Return this form to the principal, program supervisor, BOCES-wide DASA Coordinator or School Level DASA Coordinator.

Note on confidentiality:

In order to investigate the complaint, the BOCES will disclose the content of the complaint only to those persons who have a need to know or as required by law. This form will not be shown to the accused except where required by law.

Note: This form is not required to report an act of bullying, discrimination, hazing and/or harassment.