



EAST QUOGUE

UNION FREE SCHOOL DISTRICT

Michael Miller, *Superintendent of Schools/Principal*
Kelly Freeborn, *Assistant Principal/
Director of Student Services*
Robert Doyle, *Business Official/Treasurer*

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.

The district prohibits bullying and harassment of students on the basis of actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sex, sexual orientation, and gender identity or gender expression.

“Harassment/bullying” means the creation of a hostile environment by conduct or by threats, intimidation or abuse, including cyberbullying as defined in Education Law §11(8), that (a) has or would have the effect of unreasonably and substantially interfering with a student’s educational performance, opportunities or benefits, or mental, emotional or physical well-being; or (b) reasonably causes or would reasonably be expected to cause a student to fear for his or her physical safety; or (c) reasonably causes or would reasonably be expected to cause physical injury or emotional harm to a student; or (d) occurs off school property and creates or would foreseeably create a risk of substantial disruption within the school environment, where it is foreseeable that the conduct, threats, intimidation or abuse might reach school property. For purposes of this definition, the term “threats, intimidation or abuse” shall include verbal and non-verbal actions. (Education Law §11[7])

Student Name: _____ Grade: _____

1. List the name(s) of the individual(s) accused of bullying and/or harassment (use additional sheets if necessary).

_____	_____
_____	_____
_____	_____

2. Describe the incident(s). Please include when and where it happened. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. I believe the harassment is based on my (check all that apply):

<input type="checkbox"/> race	<input type="checkbox"/> ethnic group	<input type="checkbox"/> sex
<input type="checkbox"/> color	<input type="checkbox"/> religion	<input type="checkbox"/> sexual orientation
<input type="checkbox"/> weight	<input type="checkbox"/> religious practice	<input type="checkbox"/> gender identity or expression
<input type="checkbox"/> national origin	<input type="checkbox"/> disability	<input type="checkbox"/> other: _____

4. Is the harassment continuing? ☐ Yes ☐ No

5. Please list the name (if known) of anyone who witnessed the incident or may have information related to your complaint.

_____	_____
_____	_____
_____	_____

The following questions are optional, but may help the district's investigation.

6. Have you previously complained about or provided information (verbal or written) about bullying, harassment or discrimination or related incidents to the district? ☐ Yes ☐ No

If yes, when and to whom did you complain or provide information?

7. If you have retained legal counsel and would like us to work with them, please provide their contact information.

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

_____	_____
Name	Relationship to student

_____	_____
Signature	Date

Preferred contact method (please select one): phone, email, mail, in person

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

Return this form to: **Mr. Michael Miller, Superintendent/Principal**

OR

Ms. Kelly Freeborn, DASA Coordinator

East Quogue Union Free School District

East Quogue Elementary School

6 Central Avenue

East Quogue, NY 11942

Note on confidentiality:

In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff.