WEST ISLIP PUBLIC SCHOOLS

HARASSMENT AND/OR BULLYING COMPLAINT FORM

The purpose of this form is to document an incident or series of incidents of bullying and/or harassment so the appropriate actions may be taken.

Parents: If you or your child feels that he/she is unsafe, speak directly with the building Principal immediately, and then fill out this form and return to the Principal of the school your child attends.

Staff: If you become aware of a bullying incident, you are required to report it within 24 hours, and to submit this form within 48 hours of the time in which you become aware.

Student Name: _____ Student ID: _____

Building: _____ Grade: _____

Date of Incident: _____ Time of incident: _____

Location of incident:

Bus _____ Cafeteria _____ Classroom _____ Hallway _____

Parking Lot _____ Recess _____ Locker Room/Gym _____ Cyber _____

Off school grounds _____ *Specify* _____ Other _____ *Specify* _____

Briefly describe incident: _____

_____

_____

_____

List the name(s) of the individuals accused of bullying and/or harassment:

_____ _____

_____ _____

List the name(s) of other possible victims:

_____ _____

_____ _____

List the name(s) of any witnesses or bystanders:

_____ _____

_____ _____

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

_____ _____

Print Name Signature

_____

Date

Revised November, 2013

To be completed by administrator/designee:

Action taken	Date	Comments
Meet with student bullied/ harassed		
Interview alleged perpetrators		
Interview witness(es)		
Contact parents		
Interview school personnel		
Other *(specify)*		

	Date	Comments
Determination		
Disciplinary action *(specify)*		

Principal/Designee

Signature

Date

Revised November, 2013