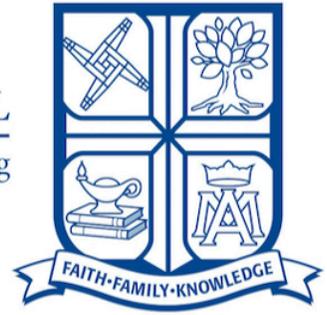


ST. BRIGID/OUR LADY OF HOPE REGIONAL SCHOOL

101 Maple Avenue, Westbury, NY 11590 • (516) 333-0580 • www.stbolh.org



Bullying and Harassment Complaint Form

Today's date: _____ **Name of person reporting incident:** _____

Role of person reporting the incident (Check one):

- Student Target
- Student (Witness)
- Parent/Guardian
- Staff Member
- Other _____

Name of target (student being bullied, harassed, or discriminated against):

Name(s) of alleged offender(s): _____

Date(s) and time(s) of alleged incident: _____

Where did the incident happen? (Check all that apply)

<input type="checkbox"/> On school property	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> On a school bus
<input type="checkbox"/> Classroom	<input type="checkbox"/> Gym	<input type="checkbox"/> Off school property
<input type="checkbox"/> Hallway	<input type="checkbox"/> Locker room	<input type="checkbox"/> Electronic Communication
<input type="checkbox"/> Bathroom	<input type="checkbox"/> At a school function	(other) _____

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Type of incident (check all that apply)

- Physical contact (kicking, punching, tripping, pushing, taking belonging)
- Verbal threats (gossip, name-calling, put-downs, teasing, being mean, taunting, making threats)
- Psychological (non-verbal actions, spreading rumors, social exclusion, intimidation)
- Abuse (Actions or statements that put an individual in fear of bodily harm)
- Cyberbullying (Misusing technology/social media to harass, tease , threaten, post pictures)
- Other (explain) _____

If there were any adults in the area when this happened, what did they do?

Types of bias involved (if known): (check all that apply)

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Weight/Size
<input type="checkbox"/> National Origin	<input type="checkbox"/> Ethnic Group	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Religious Practice	<input type="checkbox"/> Disability	
<input type="checkbox"/> Gender/Sex	<input type="checkbox"/> Other	

Name(s) of others who may have witnessed the incident:

To be filled out by School Designated Coordinator:

Was the student absent from school as a result of the incident?

- Yes Number of days absent: _____
- No

Person receiving the complaint: _____

Date complaint was received: _____

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Prompt Questions:

1. Spoke to the victim on _____ regarding the alleged incident. They reported the following narrative.... (who/when/what)

2. Were any interim measures implemented (e.g. seat changes, schedule adjustments, additional supervision)?

3. How were the next steps communicated to the student(s) and parents involved?

Steps taken to investigate this incident:

Describe the specific nature of the incident. What happened? (Be specific as possible.) What did the alleged offender say or do? **ATTACH ANY COPIES OF TEXT MESSAGES, EMAILS, ETC. IF POSSIBLE.**

Bullying and Harassment Complaint Form

1. Was the disciplinary committee involved in reviewing information? Decision?
2. What are the immediate consequences?
3. How were parents/guardians notified regarding the incident? If not, please explain why.

Outcome/Follow-up: