

**SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT  
FLORAL PARK MEMORIAL HIGH SCHOOL  
HARASSMENT, DISCRIMINATION AND BULLYING COMPLAINT FORM**

The purpose of this form is to inform the District of an incident or series of incidents of bullying, harassment or discrimination so we can investigate and take appropriate steps. **If you feel unsafe, or if your child feels that way, fill out this form, but we urge you to speak directly to Ms. Alicia Calabrese, Assistant Principal, (516-488-9300 or 488-9302), Ms. Lauren Giangrande, School Counselor, (516-488-9280), Ms. Susanne Jackman, School Counselor, (516) 488-9280) or by visiting the Main Office as soon as possible so we can address your concerns.**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_

Describe the incident(s). Please include when and where it happened.

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List the name(s) of the individual(s) accused of bullying and/or harassment.

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Were there any witnesses? \_\_\_Yes \_\_\_No If yes, please list the names of the individual(s).

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

\_\_\_\_\_  
Signature/Print Name Date

**Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.).  
Return this form to: Ms. Alicia Calabrese, Ms. Lauren Giangrande or Ms. Susanne Jackman, C/O Floral Park Memorial High School, 210 Locust Street, Floral Park, New York 11001**

**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.**