

**SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT
NEW HYDE 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. Rosemary DeGennaro, Assistant Principal, (516-488-9500 or 488-9501), Mr. Mark Isseks, Assistant Principal, (516-488-9500 or 488-9502) or Dr. Michele Sanzone-Goodrich, Social Worker, (516-488-9556), 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.

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

Were there any witnesses? ___ Yes ___ No If yes, please list the names of the individual(s).

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. Rosemary DeGennaro, Mr. Mark Isseks or Dr. Michelle Sanzone-Goodrich, C/O New Hyde Park Memorial H.S., 500 Leonard Blvd., New Hyde Park, NY 11040**

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.