

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) or Mr. Adam Glatzer, Guidance Counselor, (516-488-9280), or by visiting the Main Office as soon as possible so we can address your concerns.**

Student Name: _____
Grade: _____

Student ID: _____
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. Alicia Calabrese or Mr. Adam Glatzer, 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.