SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT
ELMONT 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. Dayna Sotirhos, Assistant Principal, (516-488-9200 or 488-9202) or Ms. Suzanne Pugh, Social Worker (516-488-9200 ext. 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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____________________________________________________________________________
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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. Dayna Sotirhos or Ms. S. Pugh, C/O Elmont Memorial High School, 555 Ridge Road, Elmont, New York 11003

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.

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) 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:________________________     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 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.
SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT
H. FRANK CAREY 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. Sharon Flynn, Assistant Principal, (516-539-9400 or 539-9491) or Mr. Keith Lynch, Social Worker (516-539-9400 ext. 9460), 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. Sharon Flynn or Mr. Keith Lynch, C/O H. Frank Carey High School, 230 Poppy Avenue, Franklin Square, New York 11010

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.
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 Mrs. Rosemary DeGennaro, Assistant Principal, (516-488-9500 or 488-9501) 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.
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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: Mrs. R. DeGennaro or Dr. M. 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.
SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT
SEWANHAKA 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 Mr. Frank Geritano, Assistant Principal, (516-488-9600 or 488-9637) or Michelle Ramdial, School Social Worker, (516-488-9600), 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: Mr. F. Geritano or Michelle Ramdial, C/O Sewanhaka High School, 500 Tulip Avenue, 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.