

**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: _____
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. 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: _____
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.

**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: _____
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. 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: _____
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: 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.

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: 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.