

Schroon Lake Central School Harassment and/or Bullying Complaint Form

The purpose of this form is to inform the district of an incident or series of incidents of bullying and/or harassment so we can investigate and take appropriate steps. If you believe you have been a victim or if your child feels that way, please fill out this form and return it to the main office immediately. A school representative will contact you within 24 hours. Thank you!

Student Name: _____

Grade Level: _____

Home Phone Number: _____

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 individual(s).

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

Signature

Date

Please attach any supporting documentation (i.e., copies of emails, notes, photos, text messages, Facebook posts, etc.). Return this form to the main office.