

**Port Washington Union Free School District  
Student Harassment, Discrimination and Bullying Complaint/Report Form**

When a complaint of harassment, discrimination and/or bullying is received by a school employee, or when an employee personally witnesses such conduct, the employee must *orally* notify the designated Dignity Act Coordinator within one *school* day of receiving the complaint or witnessing the conduct and must deliver this *written* report to the designated Dignity Act Coordinator within two *school* days after making the *oral* report!

Name of student victim: \_\_\_\_\_

Student's grade level: \_\_\_\_\_ School: \_\_\_\_ Elementary \_\_\_\_ Middle School \_\_\_\_ High School

Name, phone number and address of person completing this form: \_\_\_\_\_

Relationship of person completing this form to the student victim of harassment, discrimination and/or bullying (write "self" if applicable) \_\_\_\_\_

**Describe the harassment, discrimination and/or bullying:**

When did the behavior take place? \_\_\_\_\_

Where did this happen? \_\_\_\_\_

Who was involved in the situation? If you don't know a person's name, please describe him/her.

Describe what happened (Attach additional pages if needed) \_\_\_\_\_

Who witnessed this or knows about it? \_\_\_\_\_

Was the misconduct dealt with by a teacher or by other school staff: \_\_\_\_ Yes \_\_\_\_ No

Please explain (Attach additional pages if needed) \_\_\_\_\_

***All statements on this form and related attachments (if any) are accurate and true to the best of my knowledge.***

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Received by the Dignity Act Coordinator on \_\_\_\_/\_\_\_\_/\_\_\_\_ and from \_\_\_\_\_**  
**Date Name**