

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

Any complaint of harassment, discrimination and/or bullying must be orally reported to a designated Dignity Act Coordinator within one *school* day of receiving the complaint or witnessing the conduct. A *written* report must be delivered to a designated Dignity Act Coordinator within two *school* days after making the *oral* report!

Name of complainant: _____

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 complainant of harassment, discrimination and/or bullying (write "self" if applicable) _____

Describe the harassment, discrimination and/or bullying:

Date of the incident: _____

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? _____

Has this incident been previously reported? ____ If so, please explain:

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