

**Mount Sinai School District
Bullying, Discrimination, or Harassment
Complaint Report Form**

If you have information regarding bullying and would like to report it, please complete this form and submit it to the main office or mail it to:

Robert M. Grable Jr. - Mount Sinai High School
Attn: Mrs. Christina Romeo
110 North Country Road
Mount Sinai, NY 11766

Name of Complainant: _____
Last First Sex Grade Age

Name of Victim: _____
Last First Sex Grade Age

Name of Accused: _____
Last First Sex Grade Age

Today's Date: _____ **Date of Occurrence:** _____ **Time of Occurrence:** _____

1. Please describe, in as much detail as possible, the specifics of the incident.

2. Where did the incident occur? _____

3. Below please list individuals who may have witnessed the incident or have information pertaining to it.

Witness #1
_____ *Last First Sex Grade Age*

Witness #2
_____ *Last First Sex Grade Age*

Witness #3
_____ *Last First Sex Grade Age*

4. Please attach any evidence you may have (i.e. letters, photocopies of electronic communications, etc.).

5. This report will be followed up within two (2) school/work days. If you fear a student is in IMMEDIATE danger, contact the police immediately.

*******FOR OFFICE USE ONLY*******

Received By: _____ **Date Received:** _____
(Please print.)

Signature: _____

**Mount Sinai School District
Bullying, Discrimination, or Harassment
Witness Statement Form**

1. This form must be completed when there is a witness to an incident of alleged bullying. Bullying encompasses harassment and discrimination. Each witness must complete a separate form.

Name of
Witness:

_____ *Last* _____ *First* _____ *Title (i.e. Parent, Student or Teacher)*

Interview
Date:

Date of
Occurrence:

Time of
Occurrence:

Name of
Victim:

_____ *Last* _____ *First* _____ *Sex* _____ *Grade* _____ *Age*

Name of
Accused:

_____ *Last* _____ *First* _____ *Sex* _____ *Grade* _____ *Age*

2. Please indicate the type of bias involved: race, color, size, national origin, ethnic group, religion, disability, sexual orientation, gender or other. _____

3. Please describe, in as much detail as possible, the incident that you witnessed.

4. Where did the incident occur? _____

5. Below please list individuals who may have witnessed the incident or have information pertaining to it.

Witness #1

_____ *Last* _____ *First* _____ *Sex* _____ *Grade* _____ *Age*

Witness #2

_____ *Last* _____ *First* _____ *Sex* _____ *Grade* _____ *Age*

Witness #3

_____ *Last* _____ *First* _____ *Sex* _____ *Grade* _____ *Age*

6. Please attach any evidence you may have (i.e. letters, photocopies of electronic communications, etc.).

7. I agree that the above information is true and accurate to the best of my knowledge.

Signature of
Witness:

Date:

Administrator's
Name:

Administrator's
Signature:

Date:
