

# **Glens Falls City School District**

## ***Harassment, Intimidation, or Bullying Complaint Form***

A student, parent or guardian, or staff member may file a complaint of harassment, intimidation, or bullying pursuant to DASA regulations and school policy. This report must be completed to file a complaint relating to an incident of alleged bullying (which encompasses bullying, intimidation, harassment, and /or discrimination) and turned in to the school Principal/Vice Principal.

\_\_\_\_\_ Written report – Created by: \_\_\_\_\_

\_\_\_\_\_ Oral report – Received/Written by: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Complainant's Name: \_\_\_\_\_

Indicate the appropriate response to the following with a check mark(s):

You are a: \_\_\_\_\_ student \_\_\_\_\_ parent \_\_\_\_\_ employee \_\_\_\_\_ other \_\_\_\_\_

Summarize the incident(s) or occurrence(s) as accurately as possible. Attach additional sheets if necessary. Attach any evidence of harassment or bullying (i.e. letters, photos, provide cell phone texts, Facebook messaging/wall print outs, etc.):

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Location and time of the incident: \_\_\_\_\_

Name(s) of witnesses: \_\_\_\_\_

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Have you reported this to anyone else? \_\_\_\_\_ No \_\_\_\_\_ Yes If so, who: \_\_\_\_\_

Is this the first time this has happened? \_\_\_\_\_ Yes \_\_\_\_\_ No If No, how many times has this happened before: \_\_\_\_\_

Please add any other information about previous incidents or threats: \_\_\_\_\_

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I agree that all of the information on this form is accurate and true to the best of my knowledge.

\_\_\_\_\_, Signature of Complainant \_\_\_\_\_ Date

Date Received: \_\_\_\_\_ Unsubstantiated Report (No Action Taken) \_\_\_\_\_ Substantiated Report (Action Taken)

**FOR OFFICE USE ONLY**

Date of investigation: \_\_\_\_\_

Investigating administrator: \_\_\_\_\_

Action: \_\_\_\_\_ Informal resolution (student-student)

\_\_\_\_\_ Formal resolution

\_\_\_\_\_ Other: \_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-up/other related information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Received: \_\_\_\_\_ Unsubstantiated Report (No Action Taken) \_\_\_\_\_ Substantiated Report (Action Taken)