

**EAST QUOGUE SCHOOL DISTRICT
STUDENT HARASSMENT AND/OR BULLYING
COMPLAINT FORM**

Les Black, Superintendent of Schools

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 feel unsafe, or if your child feels that way, fill out this form, but we urge you to speak directly with your child's Principal as soon as possible so we can address your concerns.**

Student Name: _____

Grade: _____

List the name(s) of the individual(s) accused of bullying and/or harassment.

Were there any witnesses? Yes ___ No ___ *If yes, list the names of the individual(s).*

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

Signature

Date

Printed Name

Your Relation to the Student

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.).

Return this form to the Mr. Robert Long, Principal

East Quogue Elementary School: 6 Central Avenue, East Quogue, NY 11942

Note on confidentiality:

In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student/staff.