

**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:

Mount Sinai High School
Attn: Mr. Matthew Dyroff
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: _____