



**SOMERS CSD HARASSMENT, DISCRIMINATION AND/OR BULLYING
COMPLAINT FORM**

The purpose of this form is to inform the district of an incident or series of incidents of harassment, discrimination and/or bullying so we can investigate and take appropriate steps. **If you feel unsafe, or if your child feels unsafe, fill out this form, but we urge you to speak directly with Stacey Elconin by either visiting the main office or calling 914-277-4344 as soon as possible so we can address your concerns.**

Name of individual filing complaint: _____

School: _____

Describe the incident(s). Please include when and where it happened.

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

Were there any witnesses? ☐ Yes ☐ No If yes, please 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

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

Return this form to: ***The Dignity Act Coordinator in your school's main office.***

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(s)/staff.