North Shore Central School District

STUDENT BULLYING AND HARASSMENT INCIDENT REPORTING FORM (Form 1)

The purpose of this form is to inform the district of an incident or series of incidents of bullying or harassment so we can investigate and take appropriate steps. This form can be completed by anyone.

The district prohibits bullying and harassment of students on the basis of actual or perceived race, color, weight, national origin, ethnic group, religion, religious practice, disability, sex, sexual orientation, and gender identity or gender expression.

Student Name: _____Student ID: _____

Grade: _____ School: _____

Contact information: _____

- List the name(s) of the individual(s) accused of bullying and/or harassment (use additional sheets if necessary).

_____ _____
_____ _____
_____ _____

2. Describe the incident(s). Please include when and where it happened. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

_____
_____
_____
_____
_____
_____

3. I believe the harassment is based on (check all that apply):

___ race	___ color	___ weight
___ national origin	___ ethnic group	___ religion
___ religious practice	___ disability	___ sex
___ sexual orientation	___ gender identity/expression	___other:

4. Is the harassment continuing? ____ Yes ____ No

If yes, for how long? _____

5. Please list the name (if known) of anyone who witnessed the incident or may have information related to your complaint.

_____ _____
_____ _____
_____ _____

The following question is optional, but may help the district's investigation.

6. Have you previously complained about or provided information (verbal or written) about bullying, harassment or discrimination or related incidents to the district? ____ Yes ____ No

If yes, when and to whom did you complain or provide information?

7. If you have retained legal counsel and would like us to work with them, please provide their contact information.

   _____
   _____
   _____

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

_____ _____

Name Relationship to student

_____ _____

Signature Date

Preferred contact method (please select one): phone, email, mail, in person

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

Return this form to the DASA coordinator of your school.

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.

Adoption date: June 17, 2021