

PLAINVIEW-OLD BETHPAGE CSD DASA BULLYING OR HARASSMENT FORMAL COMPLAINT FORM

The Plainview-Old Bethpage Central School District is committed to providing a safe, supportive environment free from harassment, bullying and discrimination for all students. The District encourages the involvement of staff, students, parents and community members in the implementation and reinforcement of the Dignity for All Students Act ("DASA").

If you believe you, or someone else, has been the target of harassment, bullying, cyber-bullying, and/or discrimination, please use this form to report all allegations.

All complaints will be treated in a confidential manner. Anonymous reports may limit the district's ability to respond to the complaint. A prompt and thorough investigation will be conducted for all incident reports. Please complete this form and return it to the Building Principal who is the Dignity Act Coordinator.

| School Building | Today's Date | |
|--|--------------------|--|
| Name of person(s) reporting the incident | | |
| Reporting person(s) Phone # | Email | |
| Name of alleged victim(s) | | |
| Name of alleged offender(s) | | |
| Date and Time of incident(s) | | |
| Location of incident(s) | | |
| | | |
| Description of incident | | |
| | | |
| | | |
| | | |
| Were any injuries reported?No | Yes – description: | |
| | | |
| Name of witness(s) (if any) | | |
| | | |
| | | |
| | | |

| Were parents notified?NoYes - notifica | ation done by: | |
|--|----------------|--|
| Has an incident with the same offender been reported | ed before? | |
| If yes, when? | To whom? | |
| What was the resolution? | | |
| | | |
| | | |
| | | |
| Signature of Complainant: | | |
| Name/Signature of Person Receiving This Complain | nt | |
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Complaints that are district-wide in nature, involve administration, or are not tied to a particular school should be made to the Office of Human Resources.

