

## 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 Middle School  
Attn: Mr. Christopher Heil  
114 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.**

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**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:** \_\_\_\_\_