

Stockbridge Valley Central School District

SUPERINTENDENT'S REGULATION

GENERAL COMMITMENTS

0015.1

REPORT OF POSSIBLE HARASSMENT, BULLYING OR DISCRIMINATION

This form is to be used by any employee, student or parent/guardian who believes they has witnessed, heard about, or been the victim of harassment, bullying, or discrimination. Any such event must be reported immediately to the building level DASA Coordinator.

Date: _____

Your Name: _____

Home Address: _____

Home Telephone: () _____

Work Address: _____
(if applicable)

Work Telephone: () _____
(if applicable)

Date of Alleged Incident(s): _____

Basis of harassment, bullying or discrimination (check as many as are applicable):

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Creed
<input type="checkbox"/> Religion	<input type="checkbox"/> Religious Practice	<input type="checkbox"/> National Origin
<input type="checkbox"/> Age	<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Orientation
<input type="checkbox"/> Arrest Record	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Gender (including gender Identity or expression)
<input type="checkbox"/> Disability	<input type="checkbox"/> Military or Veteran Status	<input type="checkbox"/> Prior Criminal Convictions
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Weight	<input type="checkbox"/> Ethnic Group
<input type="checkbox"/> Domestic Violence Victim Status		
<input type="checkbox"/> OTHER		

Name of person(s) you believe bullied, harassed or discriminated against you: _____

List any witnesses that were present: _____

Where did the incident(s) occur? _____

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Have you filed this charge with Federal, State or Local Government? _____

Describe the incident(s) as clearly as possible, including such details as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; what did you do to avoid the situation, etc. (Attach additional pages if necessary.)

What would you like done to correct this situation?

I hereby certify that the information I have provided in this Complaint is true, correct and complete to the best of my knowledge and belief.

Your Signature

Date

Received by: _____

Date

Approved by the Superintendent: 07/29/09, 11/08/16