

# TUPPER LAKE CENTRAL SCHOOL DISTRICT

...Where excellence is no accident



Tupper Lake, NY 12986  
www.tupperlakesd.net

**District Offices**  
294 Hosley Avenue  
518-359-3371 ext. 1000  
518-359-7862 (fax)

**Middle/High School**  
25 Chancy Avenue  
518-359-3322 ext. 2000  
518-359-9636 (fax)

**LP Quinn Elementary School**  
294 Hosley Avenue  
518-359-2981 ext. 1004  
518-359-3415 (fax)

## HARASSMENT AND/OR BULLYING COMPLAINT FORM

The purpose of this form is to inform the District of an incident or series of incidents of harassment and/or bullying so we can investigate and take appropriate steps. **If you feel unsafe, or if your child feels that way fill out this form, but we urge you to speak directly with a Dignity Act Coordinator as soon as possible so we can address your concerns.**

**Middle High School:**  
**Matt Southwick 359-3322 ext. 2006**

**L.P. Quinn Elementary School:**  
**Kristin Skiff 359-3322 ext. 1026**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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

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

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Were there any witnesses? \_\_Yes \_\_No If yes, please list the name(s) of the individual(s).

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When did it happen?

- Before School
- During School
- After School
- Unsure

What is the best way to contact you?

- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Other: \_\_\_\_\_

Have you told anyone about the bullying?

- Parent
- Babysitter
- Brother/ sister
- Other family member: \_\_\_\_\_
- Teacher
- Other school staff: \_\_\_\_\_

Where did the incident happen? Check all that apply:

- Classroom
- Playground/Recess
- Field Trip
- Cafeteria
- School bus
- Library
- Hallway
- On the way to/from school
- Electronically/Cyberspace
- P.E. Locker Room
- Other: \_\_\_\_\_

Is this the first time? \_\_Yes \_\_No

If not, what happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did a physical injury result from this incident?

- No
- Yes (No medical attention needed)
- Yes (Medical attention needed)
- Evaluation by school nurse
- Other medical intervention (Please specify) \_\_\_\_\_

Please attach any documents that may be relevant such as pictures or letters.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For office use only**

Report received: \_\_\_\_\_

Confidential copies sent to: \_\_\_\_\_

Student Code Violation occurred: \_\_Yes \_\_No

Discipline Referral generated: \_\_Yes \_\_No Date: \_\_\_\_\_

Follow up actions planned and outcomes, including staff member responsible for each action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_