

TUPPER LAKE CENTRAL SCHOOL DISTRICT

...Where excellence is no accident



Tupper Lake, NY 12986
www.tupperlakecsd.net

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

Middle/High School
25 Chaney 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:
Brian Bennett 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.

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

Were there any witnesses? __Yes __No If yes, please list the name(s) of the individual(s).

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: _____

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:
