



Department of Pupil Personnel Services

Harriet Gibbons School, 75 Watervliet Avenue, Albany, NY 12206

Phone: (518) 475-6130 | Fax: (518) 475-6131

Kerri Canzone-Ball, Ed.D

Director

HARASSMENT AND/OR BULLYING COMPLAINT FORM

Part I

The purpose of this form is to report an incident of possible bullying, discrimination, and/or harassment employees, parents and students. **If there is an immediate threat or you fear a student is unsafe speak with the building principal or Dignity Act Coordinator immediately and then fill out the form.**

Student Victim's Name: _____ Student ID: _____

Grade: _____ Home School District: _____ Building: _____

Date of incident: _____

Approximate time of incident: _____

Location of Incident: _____

Did you witness the incident or was the incident reported to you? _____

If reported to you, who reported it? _____

Description of incident (Be as specific as possible about what was occurred. For example, if profanity was used state the actual profane words used, if a threat was made state what the aggressor said, etc.):

Names of the individuals accused of discrimination, harassment, or bullying:

_____	_____
_____	_____
_____	_____

Other possible victims:

_____	_____
_____	_____



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Were there any witnesses to the incident and/or bystanders? Yes _____ No _____

If yes, please list the witnesses and/or bystanders:

Which of the following best indicates the basis of the alleged bullying, harassment and/or discrimination? (Check all that apply):

The victim's actual or perceived:

- Race
- Color
- Weight
- National origin
- Ethnic group
- Religion
- Religious practice
- Disability
- Sexual orientation
- Gender
- Gender Identity
- Sex
- Other, _____ (If other please describe)

Which of the following best describes where the incident occurred? (Check all that apply)

- On school property
- At a school sponsored function off school grounds
- Cyberspace



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Which of the following best indicate the type of incident which occurred? (Check all that apply)

- Intimidation of abuse, but no verbal threat or physical contact
- Verbal threat but no physical contact
- Physical contact but no verbal threat
- Both verbal threat and physical contact

To your knowledge, who was involved in the incident?

- Involved only student offenders
- Involved only employee offenders
- Involved both student and employee offenders

What is your relationship to the student?

___ Parent

___ Teacher

___ Staff Member

___ Peer

___ Self /Student

___ Other (please describe)_____

I certify that all statement made on this form are accurate and true to the best of my knowledge:

Print Name

Signature

Date

Return this form to the building principal and/or Dignity Act Coordinator.