

FRIENDSHIP CENTRAL SCHOOL
HARASSMENT, DISCRIMINATION AND/OR BULLYING COMPLAINT FORM

Today's Date: _____

Name of Student Targeted: _____

Grade: _____

Name: _____ Contact Information: _____

Person Reporting Incident (check one):

- ☐ Parent
- ☐ Student
- ☐ Staff
- ☐ Other

Describe the incident including date, time and location.

List the names of the alleged offender(s)

List the name of any other witnesses

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

Print Name _____

Signature Date _____

Return this form to the DASA Coordinator Lindsey Marcus CSE Suite Rm. 225