

Marlboro Central School District
HARASSMENT, DISCRIMINATION AND/OR BULLYING
PARENT COMPLAINT FORM

Date: _____ Reporting Person: _____

Name(s) of People Involved

Where did the incident occur? (Circle all that apply):

Field Hallway In class with teacher In class without Teacher Locker Rm
Bathroom Line-up area Lunchroom To/From School Gym
Bus Stop Bus Off Campus Other: _____

Objective Description of the Incident- including witnesses, identity, and date(s) of occurrence(s) (be specific):

Signature _____ Date _____

*Any person reporting an incident of harassment, discrimination, or bullying in good faith is protected from retaliatory claims.

For Administrative Use Only

Date Submitted: _____

Person Receiving Form: _____