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: ______________________