

**Marlboro Central School District  
HARASSMENT, DISCRIMINATION AND/OR BULLYING  
STAFF 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.

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**For Administrative Use Only**

**Date Submitted:** \_\_\_\_\_

**Person Receiving Form:** \_\_\_\_\_

\*To be completed by staff member making the complaint