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.

For Administrative Use Only

Date Submitted: ________________

Person Receiving Form: ____________________________

*To be completed by staff member making the complaint