

**HOWLAND LOCAL SCHOOL DISTRICT**  
**PARENT/STUDENT COMPLAINT FORM (BULLYING/HARASSMENT)**

Alleged Victim \_\_\_\_\_

Parent of Alleged Victim \_\_\_\_\_

Parent Contact Info \_\_\_\_\_

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Check **ALL** that apply:

- I (or my child) was bullied and/or harassment by a student or group of students.

List the name(s) of the student(s) who you allege participated in this conduct (attach a list if necessary):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- The bullying and/or harassing conduct was:

- Written
- Verbal
- Expressed through electronic means
- Physical conduct

- The above-referenced conduct happened:

- During regular school hours
- During participation in extracurricular/after-school activity
- While on school property
- While attending a school-sponsored or school-related activity
- In a bus or vehicle operated by the District
- Outside regular school hours and off school property

- The above-referenced conduct had or may have the effect of:

- Physical harm
- Damage to property
- Fear of harm
- Fear of damage to property
- Intimidation
- Abuse
- Threat

- The above-referenced conduct has occurred how many times:

- This is the first occurrence
- More than once
- Continually
- Please indicate a time frame if applicable \_\_\_\_\_

**Please provide a written statement of the issues and/or concerns regarding this situation on the back of this form. Please attach any additional information you believe relates to this report.**

**Parent/Student Statement:**

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\_\_\_\_\_  
**Parent/Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Receiving Administrator/Teacher**

\_\_\_\_\_  
**Date**