Date of Notification _________________

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

Alleged Victim ___________________________________
Parent of Alleged Victim _________________________________
Parent Contact Info ___________________________________
________________________________________________________________________________________

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.