SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT H. FRANK CAREY HIGH SCHOOL HARASSMENT, DISCRIMINATION AND BULLYING COMPLAINT FORM

The purpose of this form is to inform the District of an incident or series of incidents of bullying, harassment or discrimination so we can investigate and take appropriate steps. If you feel unsafe, or if your child feels that way, fill out this form, but we urge you to speak directly to Ms. Nicole Conneally, **Assistant** Principal, (516-539-9400 or 539-9491), Principal, Mr. Christopher Carmody, (516-539-9400 or 539-9407) Assistant Mr. Keith Lynch, Social Worker (516-539-9400 ext. 9460), or by visiting the Main Office to speak to the Building Principal as soon as possible so we can address your concerns.

Student Name:		
Grade:	School:	
Describe the incident(s). Please i	include when and where it happened.	
List the name(s) of the individual	(s) accused of bullying and/or harassment.	
Were there any witnesses?Y	esNo If yes, please list the names	of the individual(s).
I certify that all statements on this	s form are accurate and true to the best of	my knowledge.
Signature/Print Name		Date

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.). Return this form to: Ms. Nicole Conneally, Mr. Christopher Carmody or Mr. Keith Lynch, C/O H. Frank Carey High School, 230 Poppy Avenue, Franklin Square, New York 11010 Note on confidentiality:

In order to investigate the complaint, the District will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff.