

**SEWANHAKA CENTRAL HIGH SCHOOL DISTRICT  
NEW HYDE PARK MEMORIAL 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. Rosemary DeGennaro, Assistant Principal, (516-488-9500 or 488-9501), Mr. Frank Geritano, Assistant Principal, (516-488-9500 or 488-9502), Ms. Gina Rodriguez, Assistant Principal, (516-488-9500 or 488-9540) or Dr. Michele Sanzone-Goodrich, Social Worker, (516-488-9556), or by visiting the Main Office to speak to the Building Principal as soon as possible so we can address your concerns.**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_

Describe the incident(s). Please include when and where it happened.

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List the name(s) of the individual(s) accused of bullying and/or harassment.

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Were there any witnesses? \_\_\_\_Yes \_\_\_\_No If yes, please list the names of the individual(s).

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*I certify that all statements on this 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. Rosemary DeGennaro, Mr. Frank Geritano, Ms. Gina Rodriguez  
or Dr. Michelle Sanzone-Goodrich, C/O New Hyde Park Memorial H.S., 500 Leonard  
Blvd., New Hyde Park, NY 11040**

**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.**