Williamson Central School District

In the Williamson Central School District, incidents of harassment, discrimination or bullying are taken very seriously and are not tolerated.

Today’s Date: ___________________ Name of School: ________________________________

Person Reporting Incident: _____ Student _____ Parent/Guardian _____ School/Staff Member _____Other

Name: __________________________ Phone #: __________________ Email: ____________________

On what date did the incident happen? ____________________________________________

Where did the incident happen?

_____ On school property _____ On a school bus _____ At a school-sponsored event off school property

_____ On the way to/from school _____ Other (please describe): ______________________

Name of Student Target: ___________________________________ Grade: __________

<table>
<thead>
<tr>
<th>Name of Alleged Offender(s), if known</th>
<th>Age</th>
<th>School</th>
<th>Is he/she a student?</th>
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<tr>
<th>Name of Witnesses</th>
<th>Age</th>
<th>School</th>
<th>Is he/she a student?</th>
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Basis of this complaint/grievance:

_____ Race _____ Religion _____ Gender (including identity or expression)

_____ Ethnic Group _____ Religious Practice _____ Sex

_____ National Origin _____ Disability _____ Sexual Orientation

_____ Color _____ Weight

_____ Other/Not sure (Explain): ________________________________________________

Please complete reverse side
What happened? What did the alleged offender(s) say or do? (Attach a separate sheet, if necessary):

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(For office use only) Reviewed by: ____________________________________________________________________________ Date: __________