

**HICKSVILLE PUBLIC SCHOOLS
BULLYING OR HARASSMENT FORMAL COMPLAINT FORM**

Name of Complainant _____

Date of Complaint _____

Name of person alleged of bullying or harassing _____

Date and place of incident _____

Description of incident _____

Name(s) of witness(s) (if any) _____

Has an incident with the same person been reported before?

If yes, when? To whom? _____

What was the resolution? _____

Signature of Complainant: _____

Signature of Person Receiving This Complaint _____