

**BYRAM HILLS CSD HARASSMENT, DISCRIMINATION AND/OR BULLYING  
COMPLAINT FORM**

The purpose of this form is to inform the district of an incident or series of incidents of harassment, discrimination and/or bullying so we can investigate and take appropriate steps. **If you feel unsafe, or if your child feels unsafe, please fill out this form and speak directly your building administrator(s) as soon as possible so we can address your concerns.**

Name of individual filing complaint: \_\_\_\_\_

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 harassment, discrimination and/or bullying.

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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

\_\_\_\_\_  
Date

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.).

Return this form to: ***The Dignity Act Coordinator in your school's main office.***

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.