



*City School District of Albany*

Department of Pupil Personnel Services  
Harriet Gibbons Student Services Center  
75 Watervliet Avenue, Albany, NY 12206  
Phone: {518} 475-6130 ~ Fax: {518} 475-6131

**Kerri A. Canzone-Ball, Ed.D.**  
**Director**

**HARASSMENT AND/OR BULLYING COMPLAINT FORM**

**Part I**

The purpose of this form is to report an incident of possible bullying, discrimination and/or harassment so that the matter can be investigated and appropriate steps taken. This form can be used by district employees, parents and students. **If there is an immediate threat, or you fear a student is unsafe, speak with the building principal or Dignity Act Coordinator immediately, then complete the form.**

Student Victim's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Grade: \_\_\_\_\_ Home School District: \_\_\_\_\_ Building: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Approximate time of incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Did you witness the incident or was the incident reported to you? \_\_\_\_\_

*If reported to you, who reported it?* \_\_\_\_\_

Description of incident (Be as specific as possible about what was occurred. For example, if profanity was used state the actual profane words used; if a threat was made, state what the aggressor said, etc.):

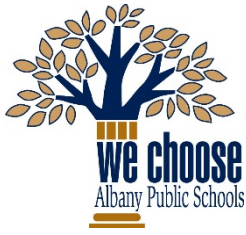
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of the individuals accused of discrimination, harassment, or bullying:

_____	_____
_____	_____
_____	_____

Other possible victims:

_____	_____
_____	_____
_____	_____



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Were there any witnesses to the incident and/or bystanders? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please list the witnesses and/or bystanders:*

\_\_\_\_\_

\_\_\_\_\_

Which of the following best indicates the basis of the alleged bullying, harassment and/or discrimination? (Check all that apply):

*The victim's actual or perceived:*

- Race
- Color
- Weight
- National origin
- Ethnic group
- Religion
- Religious practice
- Disability
- Sexual orientation
- Gender
- Gender Identity
- Sex
- Other, \_\_\_\_\_ (If other please describe)

Which of the following best describes where the incident occurred? (Check all that apply)

- On school property
- At a school sponsored function off school grounds
- Cyberspace



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Which of the following best indicate/s the type of incident which occurred? (Check all that apply)

- Intimidation of abuse, but no verbal threat or physical contact
- Verbal threat, but no physical contact
- Physical contact, but no verbal threat
- Both verbal threat and physical contact

To your knowledge, who was involved in the incident?

- Involved only student offenders
- Involved only employee offenders
- Involved both student and employee offenders

What is your relationship to the student?

- \_\_\_ Parent
- \_\_\_ Teacher
- \_\_\_ Staff Member
- \_\_\_ Peer
- \_\_\_ Self /Student
- \_\_\_ Other (please describe) \_\_\_\_\_

*I certify that all statements made on this form are accurate and true to the best of my knowledge:*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return this form to the building principal and/or Dignity Act Coordinator.**