



**JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT**  
**Bullying Complaint Form**

The Jordan-Elbridge Central School District Board of Education has adopted a code of conduct for students and all those who are present on school district property. The code of conduct is intended to promote behavior that is safe, orderly, respectful, trustworthy and civil. The code of conduct addresses the requirements of the Dignity for All Students Act which prohibits discrimination, intimidation, taunting and harassment of students on school property, on a school bus, or at school functions, with respect to their actual or perceived race, gender, sexual orientation, color, weight, national origin, sex, ethnic group, religion, religious practice, and disability.

**Directions:** Please complete and return/send this form to: *DASA Coordinator c/o HS*  
North Hamilton Street, Jordan, NY 13080  
*DASA Coordinator c/o MS*  
Chappell Street, Jordan, NY 13080  
*DASA Coordinator c/o Elbridge Elementary*  
East Main Street, Elbridge, NY 13060

<b>Date of Complaint</b> <i>(month/date/year)</i>	
<b>Name of Complainant</b> <i>(first name/last name)</i>	
<b>Name of Alleged Victim</b> <i>(first name/last name)</i>	
<b>Name of Alleged Perpetrator(s)</b> <i>(first name/last name)</i>	
<b>Name of Witness/Witnesses</b> <i>(first name/last name)</i>	
<b>School Site</b> <i>(location where incident occurred)</i>	

**Describe the incident:**

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**I state that all of the information on this form is accurate and true to the best of my knowledge.**

\_\_\_\_\_  
*Signature of complainant*

\_\_\_\_\_  
*Date*

**-----FOR OFFICE USE ONLY-----**

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_

Outcome of Investigation:  No Finding of Bullying

Finding of Bullying  
Bias involved actual or perceived

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Nationality
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Religion/Religious practices	<input type="checkbox"/> Gender
<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Sex
<input type="checkbox"/> Other	<input type="checkbox"/> Weight	

Follow-up Contact:

\_\_\_\_\_  
*Name of person contacted*

\_\_\_\_\_  
*Date of contact*