BULLYING COMPLAINT FORM

Date of Report:_____

Name of Student making report:_____ **Student ID #**_____

Parent/Guardian/Community member (Filing this complaint on behalf of a student):_____

_____

Person(s) your complaint involves:_____

Date(s) of Incident:_____

Where did the incident take place?_____

Did you report this incident of bullying (Circle one)? Yes No

If yes, to whom?_____ **When?**_____

Please describe your complaint in as much detail as possible. (Use other side of this paper if necessary.)

_____

_____

_____

_____

_____

_____

Were there any witnesses? If yes, list their name(s)_____

_____

Attach any additional documents related to this complaint. This may include printouts from social media.

_____

Signature **Date**

Please submit this form to a school administrator. If you need assistance completing this form, please contact the school administrator. Complaints will be investigated within 10 school days of receipt of this complaint form.

For Administrative Use Only

Outcome (circle one): Founded Unfounded Other

Date/Time Victim and/or Parent Notified: _____

Names of those Notified: _____

Administrator Who Handled This Complaint: _____