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Every School.  
Every Student.  
Every Day.

## Hopkins School District Bullying Complaint Form

### General Statement of Policy #514: Bullying Prohibition Policy

*The purpose of this policy is to assist the School District in its goal of preventing and responding to acts of bullying, intimidation, violence, and other similar disruptive behavior.*

*A safe and civil environment is needed for students to learn and attain high academic standards and to promote healthy human relationships. Bullying, like other violent or disruptive behaviors, is conduct that interferes with students' ability to learn and teachers' ability to educate students in a safe environment. The School District cannot monitor the activities of students at all times and eliminate all incidents of bullying between students, particularly when students are not under the direct supervision of school personnel. However, to the extent such conduct affects the educational environment of the School District and the rights and welfare of its students and is within the control of the School District in its normal operations, it is the School District's intent to prevent bullying and to take action to investigate, respond, remediate, and discipline those acts of bullying which have not been successfully prevented.*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Status (check all that apply):

Employee       Student       Parent       Other

### **Complaint against:**

Name(s): \_\_\_\_\_

Location: \_\_\_\_\_

Date of most recent action that you allege to have been bullied: \_\_\_\_\_

### **Complaint:**

*Please attach to this form a detailed description of the alleged bullying act(s) and explain why you believe the act(s) was/were bullying. Include the date, time, and location of each alleged act along with the name, phone number(s), and status (i.e., employee, student, parent, other) of each person involved. Also explain how the alleged bullying act(s) has/have impacted your status as a student, employee, or parent. Please also list any steps you have taken to resolve this complaint.*

Please describe any requested remedy or actions, by the Hopkins School District, that you feel are appropriate to address the situation:

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List the names and telephone numbers, if known, of any witnesses to the alleged bullying act(s):

Name	Telephone Number
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
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I certify that the information given in this complaint is true and correct to the best of my knowledge or belief. By signing this form I give my consent to the Hopkins School District to conduct an investigation of the complaint.

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Signature

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Date

**Send completed form to:**

Nik Lightfoot  
Assistant Superintendent  
Hopkins School District  
1001 Highway 7  
Hopkins, MN 55305  
nik\_lightfoot@hopkins.k12.mn.us

**For Equity and Integration Office Use Only**

Date complaint received: \_\_\_\_\_

Dated Investigation completed: \_\_\_\_\_

Disposition:       Untimely                       Unfounded                       Upheld

If upheld, attach a copy of the corrective action determination.