

ELIDA ELEMENTARY SCHOOL

FORMAL COMPLAINT REGARDING HARASSMENT/BULLYING

Student's Name: _____ Date of Report: _____

Date of Alleged Harassment: _____

Location of Alleged Harassment: _____

Name of Alleged Harasser: _____

Description of the Incident(s):

Names of Witness(es), if any:

Signature of Person Making the Report

Signature of Person Taking the Report

(Administrative Use Only)

Date of Investigative Action Taken: _____

Investigative Action Taken:

Finding of Facts:

Written Witness(es) statements: *See attached*

Verified: ___ Yes ___ No

Intervention Strategies: (victim)

- Student conference with staff member--weekly check-ups
- Student counseling
- Outside resource agencies

Disciplinary Action: (bully/harasser)

- Student counseling
- Loss of privileges
- AEP
- Out of School Suspension

Date of Parent Contact (victim): _____

___ Face to Face ___ Phone ___ letter ___ electronic (e-mail/text)

Date of Parent Contact (bully/harasser): _____

___ Face to Face ___ Phone ___ letter ___ electronic (e-mail/text)

Administrator Signature

