Bermudian Springs School District
York Springs, Pennsylvania 17372-0501

REPORT FORM FOR COMPLAINTS OF BULLYING/CYBERBULLYING

Complainant: _____
Home Address: _____
Home Phone: _____
School Building: _____
Date of Alleged Incident(s): _____

Alleged bullying / cyberbullying was based on: (circle those that apply)

Race	Color	National Origin
Gender	Age	Disability
Religion	Sexual Orientation	

Name of person you believe violated the district's bullying / cyberbullying policy:
_____

If the alleged harassment was directed against another person, identify the other person:
_____

Describe the incident as clearly as possible, including what force, if any, was used; verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved. Attach additional pages if necessary: _____
_____
_____
_____
_____

When and where incident occurred: _____

List any witnesses who were present: _____
_____

This complaint is based on my honest belief that _____ has harassed me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

_____ _____
Complainant's Signature Date

_____ _____
Parent/Guardian Signature Date

_____ _____
Received By Date