

ANTI-BULLYING/HARASSMENT COMPLAINT FORM

Incident Date: _____ Reported date: _____ School: _____ Grade: _____

Student Bullied First/ Last name: _____ State ID: _____

Name of Complainant (and Title/Relationship to Student): _____

Name of Alleged Harasser or Bully: _____ State ID: _____

Date and Place of Incident(s): _____

Description of Misconduct: _____

Evidence of harassment or bullying, i.e, letters, photos, etc (attach if possible): _____

Any other information: _____

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

Signature of Complainant: _____

Date: _____

Approved: Aug. 18, 1992

Reviewed: July 25, 2006

Revised: May 27, 2003

May 28, 2013

Feb 26, 2008

July 23, 2024

July 22, 2014

June 25, 2019