LOWNDES COUNTY PUBLIC SCHOOLS BULLYING/HARASSMENT COMPLAINT FORM

If you are a student or a parent/guardian of a student who has been subjected to bullying or harassment, please complete this form and submit it to the school principal or place in designated area.

School Name	Student Name		Grade
I wish to register a complaint	against:		
Check all spaces below that a Inappropriate Gesturing Inappropriate Touching Demeaning Comments Intimidation/Extortion Other:	☐ Damaging Property ☐ Taunting/Ridiculing ☐ Flashing a Weapon ☐ Shoving/Pushing	☐ Staring/Leering ☐ Writing/Graffiti ☐ Hitting/Kicking ☐ Threatening	□ Spitting □ Stalking □ Cyberbullying □ Name Calling
Date of Alleged Incident:	Time of Alleged Incident		
Location of Alleged Incident			
Description of Incident (Be	e specific.)		
A			
and harassment as a continuous school-sponsored function incluperceived as heing motivated by has a particular characteristic, ithe Board policy. To constitute a. Place a student in reaso b. Have the effect of substitutent. c. Have the effect of substitutent function. d. Have the effect of creat sponsored function. e. Have the effect of being educational environment for		at takes place on school propi- , electronic, verbal, or physi- or by the association of a stu- of the categories of personal of hehavior may do any of the arson or damage to his or her pa- tional performance, opportun- with the orderly operation of technol, on school properly, on vasive enough to create an intin	crty, on a school bus, or at a cal acts that are reasonably dent with an individual who characteristics contained in following: property, ities, or benefits of a he school a school bus, or at a school-idating, threatening, or abusive
Student's Signature		Date	
	OR	Dota	
Please note that the submission	on of a complaint does not aut the prerogative to investigate	omatically substantiate that	misconduct has occurred.
	Completed By School Prin	cipal/Administrator	
Complaint Received by: Na Disposition:	ime	Title	Date