



Bullying / Harassment / Intimidation Reporting Form

5-409

Additional pages may be attached if more space is needed.

Name: _____

Address: _____

Telephone: _____ Email: _____

Are you (check one): Student Student Witness/Bystander School Staff Member
 Parent/Guardian Adult Relative Other: _____

I wish to complain against:
Summary of complaint including participants, location, date, time, any attempts made to solve the problem, etc.

Was the incident based on: (Check all that apply.) Gender Sexual Orientation Disability Race, Color, or National Origin
 Religion (specify) _____

Witnesses

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____

The projected solution/resolution (Be as specific as possible)

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

Date

Document Received by

Date

The Principal will give the complainant one copy of this form and retain the original in the school file.

*** FOR OFFICE USE ONLY ***

Resolution of Report and Investigation

The foregoing incident(s) constitute bullying, harassment, or intimidation.

The foregoing incident(s) do not constitute bullying, harassment, or intimidation.

The evidence of bullying, harassment, or intimidation is inconclusive.

Disciplinary Action:

Other Remedial Action:

Signature of Investigating Official

Date