BULLYING COMPLAINT FORM

Date of Report:_____

Name of Student making report:_____ **Student ID #**_____

Parent/Guardian/Community member (Filing this complaint on behalf of a student):_____

_____

Person(s) your complaint involves:_____

Date(s) of Incident:_____

Where did the incident take place?_____

Did you report this incident of bullying (Circle one)? Yes No

If yes, to whom?_____ **When?**_____

Please describe your complaint in as much detail as possible. (Use other side of this paper if necessary.)

_____

_____

_____

_____

_____

_____

Were there any witnesses? If yes, list their name(s)_____

_____

Attach any additional documents related to this complaint. This may include printouts from social media.

_____

Signature **Date**

Please submit this form to a school administrator. If you need assistance completing this form, please contact the school administrator. Complaints will be investigated within 5 school days of receipt of this complaint form.

_____ *For Administrative Use Only* _____

Outcome (circle one): Founded Unfounded

Date/Time Victim and/or Parent Notified: _____

Names of those Notified: _____

Administrator Who Handled This Complaint: _____

School Site: _____

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