Jackson Public School District
Allegation of Bullying Form

To Be Completed By Parent:

Victim Name: _____ Grade: _____ Age: _____ Sex:_____

Alleged Perpetrator Name: _____ Grade: _____ Age: _____ Sex:_____

Witness Name: _____ Grade: _____ Age: _____ Sex:_____

Witness Name: _____ Grade: _____ Age: _____ Sex:_____

Witness Name: _____ Grade: _____ Age: _____ Sex:_____

Witness Name: _____ Grade: _____ Age: _____ Sex:_____

Witness Name: _____ Grade: _____ Age: _____ Sex:_____

Facts of the Allegation (Who, What, When, Where, Why):

_____

_____

_____

_____

_____

(Additional Sheets May Be Attached)

Is this a Title IX issue? (Sexual Harrassment) ◯ **Yes** ◯ **No**

What was the nature of the bullying allegation?

◯ Race	◯ Religion	◯ Sex	◯ Creed	◯ Color	◯ Natural Origin
◯ Appearance	◯ Behavior	◯ Sexual Orientation		◯ Other Differentiating Characteristics	

Received by School Official (Date): _____ Signature: _____

Received by Principal (Date): _____ Signature: _____

Jackson Public School District
Allegation of Bullying Form (Continued)

Internal Use

Investigator Assigned (Date): _____ Signature: _____

Investigation Returned to Principal (Date): _____ Signature of Investigator: _____

Results of the Investigation:

Allegation Substantiated: ◯ Yes ◯ No

Notification of Parents (Date): _____ Signature of Principal:_____

Parent Appeal to
Superintendent (Date Received): _____ Signature: _____

Action Upheld: ◯ Yes ◯ No

Parent Appeal to School Board (Date): _____ Signature: _____

School Board Meeting w/Parents (Date): _____ Signature: _____

Action Upheld: ◯ Yes ◯ No

School Board Final Notification: _____ _____
Signature Date