AVONWORTH SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: October 10, 2023

REVISED:

249-AR-1. REPORT FORM FOR COMPLAINTS OF BULLYING/CYBERBULLYING

Complainant/Reporter: _____
Home Address: _____
Phone Number: _____
School Building: _____
Date of Alleged Incident(s): _____

Name of person(s) you believe violated the district's bullying/cyberbullying policy:

_____

If the alleged bullying/cyberbullying was directed against another person(s), identify the other person(s):

_____

Describe the incident as clearly as possible, including what electronic, written, verbal or physical actions or series of actions occurred, if any, and what verbal statements (i.e. threats, requests, demands, etc.) have been made. Attach additional pages if necessary.

_____
_____
_____
_____

When and where the alleged incident(s) occurred: _____

List any witnesses who were present: _____

_____

This complaint is based upon my honest belief that _____ has bullied/cyberbullied me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

_____ _____
Complainant's/Reporter's Signature* Date

_____ _____
Received by Date

*** If a Complainant/Reporter is too young or is otherwise unable due to incapacity to prepare and sign this report, only the "Received by" line shall be signed and the Receiver shall put "N/A" on the Complainant's/Reporter's signature line and document below.**