STUDENT BULLYING COMPLAINT FORM

Student's (Victim) Name: _____ Date: _____

School Name: _____ Grade: _____ Age: _____

Person Reporting: _____ Title/Relation: _____

Please check all that apply:

☐ Bullying is occurring at school

☐ Bullying is occurring on the bus

☐ Bullying is occurring at the bus stop

☐ Bullying is occurring from home

☐ Bullying is occurring on social media (facebook, instagram, snapchat, etc.)

☐ Bullying is occurring between classes

☐ Bullying is occurring at pe/gym/recess

☐ Bullying is occurring at lunch

☐ Bullying is occurring in the restroom

☐ Bullying is occurring in the classroom

☐ Bullying is occurring before/after school

☐ Bullying is occurring other: _____

Specific Description of Bullying Complaint

Name(s) of alleged bully(ies): _____

Date(s) of bullying incidents: _____

☐ **Student is having suicidal thoughts/ideation.**

If checked, immediately follow district crisis response procedures and notify the appropriate school administrator or designated crisis response personnel.

Signature of person reporting: _____ Date submitted: _____

Name of employee receiving complaint: _____ Date: _____

Bessemer City Schools is committed to providing a safe learning environment and addressing reports of bullying in accordance with applicable law and district policy. School personnel will review reports and follow established procedures for response.

For office use:

Date received: _____ Administrator assigned: _____

Follow-up / action taken: _____

_____

Please submit the completed form to the school principal or designated school administrator.

School Year: 2026-2027