

Bullying Complaint Report Form

This report **MUST** be completed to file a complaint relating to an incident of alleged bullying (for the purpose of this form, bullying encompasses bullying, harassment, and discrimination) and turned in to the school principal/designee of the victim's home school or the appropriate area/district office.

Complainant's Name (last, first, middle)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade _____
Victim's Name (last, first, middle)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade _____
Accused Person's Name (last, first, middle)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade _____
School site / department of where incident occurred	Home school / department of victim	
Principal / Administrator	Incident Date	
Describe the location where the incident took place		
Describe the incident		
List all witnesses names and grades		
List evidence of bullying (i.e., letters, photos, etc. – attach evidence if possible)		

**Bullying Complaint Report Form
Side Two**

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of complainant	Date
Name of person receiving Bullying Complainant Form	Date

Be sure to attach any supporting documentation / evidence / investigation.

Action	Agreed to Information Resolution (Student to Student Only)	Formal Resolution	Appeals: Referral to Area Superintendent and / or Appropriate Area District Administrator
Date			
Outcome			
Signatures			

Thank you. This report will be followed up within two school / work days. If you fear a student is in immediate danger, please contact the police immediately.