



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 NAME (last, first, middle)	SEX	GRADE
VICTIM NAME (last, first, middle)	SEX	GRADE
ACCUSED NAME (last, first, middle)	SEX	GRADE
SCHOOL SITE /DEPARTMENT (or site where incident occurred)	HOME SCHOOL/DEPT. OF VICTIM	
PRINCIPAL/ADMINISTRATOR	INCIDENT DATE / /	

Describe the location where the incident took place:

Describe the incident:

List all witness names and grades:

List evidence of bullying (i.e. letters, photos, etc. – attach evidence if possible):

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 Complaint Form

Date

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

Action	Agreed to Informal Resolution (Student-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 2 school/work days.

If you fear a student is in IMMEDIATE danger, please contact the police immediately!
