

## Bullying/Harassing Behavior Complaint Form

School: \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) and grades(s) of victim(s):

\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Person Reporting: \_\_\_\_\_

(Optional)

Relationship to victim: \_\_\_\_\_ (Optional)

Name(s) of accused:

Grade

\_\_\_\_\_  
\_\_\_\_\_

Location of incident: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_

Described what happened and who was present. Use reverse side or attach additional pages, if needed.

Other incidents of Bullying:

Dates

Times

Name of Accused

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all information provided in the complaint is true and complete. I understand that any intentional misstatement of fact may subject me to school discipline.

Indicate the information is true by dating the form

Date: \_\_\_\_\_

Signature of official receiving complaint: \_\_\_\_\_ Date: \_\_\_\_\_

(Reports of student bullying must be submitted to the principal.)