



Kremlin-Hillsdale Public Schools Bully and Hazing Complaint Form

Your Name: _____ Today's Date: _____

Your Phone Number (or other contact information) _____

Your relationship to the person(s) being bullied/hazed: _____

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

Name(s) of individuals affected by the bullying/hazing: _____

Names of Individuals who initiated or encouraged the bullying/hazing: _____

Names of witnesses to the bullying: _____

Please provide a description of the incident, including the identification of all inappropriate behaviors.

Were any of the behaviors based on race, color, national origin, gender, sexual orientation, religion, or disability? If yes, please describe the behavior.

What behaviors used to harass, intimidate, or threaten the person(s) being bullied? (Gesture, written, or verbal expression; physical acts; electronic communication; damage of property; threatening another person)

Please describe how the incident interferes with the schools mission. (detrimental changes in attendance; detrimental changes in student performance; detrimental changes in participation of school activities)

Please identify any physical evidence or records of the bullying. (notes, journal, email(s), electronic communication, etc.)
I agree that all of the information is accurate and true to the best of my knowledge.

Please describe any other information that may be useful to an investigation.

Your Signature: _____ Date: _____

Please return this completed form to the school Bully/Hazing Prevention Officer, administrator or school staff.