

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.)