



Today's Date: \_\_\_\_\_

**Bullying/Harassment Complaint Report Form**

To be completed by party wishing to report a bullying/harassment incident. This report **MUST** be completed to file a formal complaint relating to an incident of alleged bullying/harassment.

Check this box if parent initiated contact

<b>YOUR NAME (last, first) and GRADE</b>  <b>Please check if you are one of the following:</b> <input type="checkbox"/> Target of bully/harassment <input type="checkbox"/> Witness of bullying/harassment	<b>PRINCIPAL/DESIGNEE</b>  <b>INCIDENT DATE/TIME</b>
<b>TARGET NAME (last, first) and GRADE</b>	<b>ACCUSED NAME (last, first) and GRADE</b>

Describe the location where the incident took place:

Describe the incident:

List any other witness names:

List evidence of bullying/harassment (notes, 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 Person Completing this Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person receiving Bullying Complaint Form/Title and School

\_\_\_\_\_  
Date

The classroom teacher, counselor, or principal may assist students/parents with the completion of this form. Report forms will be given to the principal/designee for investigation and action.