



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

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

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.