

HARASSMENT AND/OR BULLYING COMPLAINT FORM

The purpose of this form is to inform the district of an incident or series of incidents of bullying and/or harassment so we can investigate and take appropriate steps. **If you feel unsafe, or if your child feels that way, fill out this form, but we urge you to speak directly with (insert name _____) by either visiting room ____ or calling _____ as soon as possible so we can address your concerns.**

Student Name: _____ Student ID: _____
Grade: _____ School: _____

Describe the incident(s). Please include when and where it happened.

List the name(s) of the individual(s) accused of bullying and/or harassment.

Were there any witnesses? ___Yes ___No If yes, please list the names of the individual(s).

I certify that all statements on this form are accurate and true to the best of my knowledge.

Signature

Date

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0115-E

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.).

Return this form to: *(insert applicable name and address of school staff)*

Note on confidentiality:

In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff.