

**PENN-TRAFFORD SCHOOL DISTRICT
BULLYING COMPLAINT FORM**

Name: _____

Date: _____

School: _____

Grade: _____

Position: _____

I would like to make the following complaint: (Describe the problem specifically including the date of the problem, what happened, who was involved, whether there were any witnesses and anything else you believe is important for us to know.)

Describe how the incident you are complaining about has affected you.

What would you like to see done about this problem?

(Signature)