



Student Support Services
Bullying Complaint Report Form

This report **must** be completed to file a complaint relating to an incident of alleged bullying (for the purpose of this form, bullying encompasses bullying, harassment, and discrimination) and turned in to the school principal/designee of the victim's home school or the appropriate area/district office.

Complainant's Full Name: _____ Sex: Female Male Grade: _____

Victim's Full Name: _____ Sex: Female Male Grade: _____

Accused Person's Full Name: _____ Sex: Female Male Grade: _____

School Site / Department Where Incident Occurred: _____

School Site / Department of Victim: _____

Principal / Administrator: _____ Incident Date: _____

Describe the location where the incident took place:

Describe the incident:

List all witnesses names and grades:

List evidence of bullying (i.e., letters, 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 Complainant: _____ Date: _____

Person Receiving Bullying Complainant Form: _____ Date: _____

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Be sure to attach any supporting documentation / evidence / investigation.

Agreed to Information Resolution (Student to Student Only)

Date: _____

Outcome:

Signature: _____

Formal Resolution:

Date: _____

Outcome:

Signature: _____

Appeals: Referral to Area Superintendent and / or Appropriate Area District Administrator: Date: _____

Outcome:

Signature: _____

Thank you. This report will be followed up within two school/work days.
If you fear a student is in immediate danger, please contact the police immediately.