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

Return this form to:  \textit{(insert applicable name and address of school staff)}

\textbf{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.