

REPORT FORM FOR COMPLAINTS OF BULLYING/CYBERBULLYING

Complainant: _____

Home Address: _____

Home Phone: _____

School Building: _____

Date of Alleged Incident(s): _____

Alleged bullying was based on: _____

Name of person you believe violated the district's bullying policy:

If the bullying was directed against another person, identify the other person:

Describe the incident(s) as clearly as possible, including details regarding type of bullying (verbal physical, written, electronic). Attach additional pages if necessary:

When and where incident occurred: _____

List any witnesses who were present: _____

This complaint is based on my honest belief that _____ has bullied me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature

Date

Received By

Date