

BULLYING COMPLAINT REPORT FORM

NAME OF SCHOOL _____

Address of School _____

Name of Student: _____ Grade: _____

Today's Date: _____ Names of Accused: _____

Address: _____ Date of Incident: _____

Telephone Number: _____

Specify in detail your complaint below. Please describe the incident, participants, background to the incident, and any attempt you have made to resolve the problem. Please include relevant dates, times, and places. (Attach a separate sheet if necessary.)

Indicate if there are other individuals who could provide more information regarding this complaint including witnesses or participants:

Indicate in your opinion how this problem might be resolved. Please be as specific as possible.

I certify that the above information is correct and that the events are accurately depicted to the best of my knowledge.

Name of Complainant

Signature of Complainant

Date