Bullying/Harassing Behavior Complaint Form

School:				
Name(s) and grades(s) of victim	. ,			
Name and Title of Person Repo	rting:			
Relationship to victim:				
Name(s) of accused:				
Location of incident:				
Date and time of incident:				
Described what happened and needed.	who was present. Us	e reverse side or attach	ı additional pages, il	
Other incidents of Bullying: D	ates Time	s Name o	Name of Accused	
I certify that all information pro any intentional misstatement o	•	·	. I understand that	
Signature of reporting student:			Date:	
Signature of official receiving co	omplaint:		Date:	
(Reports of stud	dent bullying must be	submitted to the princi	ipal.)	

Revised 9/13/13