RSU/MSAD 29 BULLYING REPORT FORM

Name of complainant/reporter (by law, reports may be anonymous): ______________________

Status of reporter:  Student    Parent    School employee/coach/advisor  Other _________

Contact information for reporter (if reporter is student, contact information for parent/guardian): Phone: ________  Cell phone: ________  Email: ___________________________
       Address: ______________________________________________________________________

Name of alleged target(s): _________________________________________________________

Name of alleged bully(ies): ____________________________________________________

Relationship between alleged target/bully(ies): ___________________________________

Time(s) and location(s) of alleged incident(s):  _____________________________________

Names of witnesses: _____________________________________________________________

Description of incident(s) (attached additional pages if more space is needed):    
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I agree that the information on this form is accurate and true to the best of my knowledge and belief.

_____________________________________          Date:  _____________
Signature of complainant/reporter

Received by:  _________________________   Date:  _____________
Position/title:  _________________________

Copy to building principal: Date: ____    Copy to Superintendent: Date: ______

First Reading:  7/1/13
Adopted:  9/9/13