

**Eastern Aroostook RSU 39
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.

Signature of complainant/reporter

Date: _____

Received by: _____
Position/title: _____

Date: _____

Copy to building principal: Date: _____ Copy to Superintendent: Date: _____