BULLYING INCIDENT REPORT FORM

If you have been the target of bullying or have witnessed the bullying of a District student, complete this form and submit to the building principal. Complaints against building principals should be submitted to the Superintendent. Complaints against the Superintendent should be submitted to the Board of Education. Report of bullying will be investigated and disciplinary action will be taken as warranted.

Date Filed:			Time:	
Name*:				
Phone Number(s):				
Indicate the appropriate re	esponse to the fo	llowing with a	check mark(s):	
You are a:	_Student	Parent	Employee	Volunteer
Date(s) of alleged bullying:				
Name of student(s) subjec	ted to bullying: _			
Person(s) alleged to have o				
Summarize the incident(s) sheets or use back side of	or occurrence(s) the form, if neces	of bullying as a	accurately as possible	
Names of Witnesses:				
Have you reported this to	anyone else:	Yes	No. If so, who? _	
*Signature of Complainant				

*Students have the right to complete this form anonymously. However, it will be easier for the District to investigate this matter if as much information as possible is provided. Submission of a good faith complaint or report of bullying or harassment will not affect the complainant or reporter's future employment, grades, learning, or working environment. A complainant that falsely accuses someone will be subject to disciplinary action.

This Section is for use of District Administration				
Date Received by Principal:				
Investigative Action taken:				
Result of Investigation/Action taken:				
Signature of Principal:				