



**Harassment and/or Bullying
Complaint Form**

The purpose of this form is to report an incident of possible bullying, discrimination, and/or harassment so that the matter can be investigated and appropriate steps taken. This form can be used by district employees, parents and students. **If there is an immediate threat or you fear a student is unsafe, speak with the building principal immediately and then fill out the form.**

Student Victim's Name: _____ Student ID: _____

Grade: _____ Home School District: _____ Building: _____

Date of incident: _____ Approximate time of incident: _____ ^{AM}
_{PM}

Location of Incident: _____

Description of Incident (Be as specific as possible about what has occurred. For example, if profanity was used, state the actual profane words used; if a threat was made, state what the aggressor actually said, etc.):

Names of the individuals accused of discrimination, harassment or bullying:

Other possible victims:

Were there any witnesses to the incident and/or bystanders? Yes No

If yes, please list the witnesses and/or bystanders:

What is your relationship to the student?

Parent Teacher Peer Self Other (please describe) _____

I certify that all statements made on this form are accurate and true to the best of my knowledge:

Print Name Signature Date

Note on confidentiality: The content of the complaint will only be disclosed to those persons who have a need to know.