

Bullying Complaint Form

PLEASE PRINT

What is your name: _____

School: _____

Who is the bully?: _____

Tell what happened? Tell when it happened? Tell where it happened?.

Signature of student completing this form: _____

Date: _____

NOTE: All complaints will be followed by an investigation. Those accused as well as the parents of students involved will be informed of complaints, witnesses will be interviewed, and all information will remain confidential except for that which must be shared as part of the investigation. By signing above, you are verifying that your statements are true and exact to the best of your knowledge.