

STUDENT BULLYING FORM

This form should be submitted to the Site Administrator or the Director of Student Services at District Office.

Name: [Click here to enter text.](#)

Date:

Status of person filing complaint: ☐ Student ☐ Parent or Guardian ☐ Other

Statement of Complaint:

[Click here to enter text.](#)

Date of alleged incident(s): [Click here to enter text.](#)

Name of person you believe bullied you: [Click here to enter text.](#)

Names of those who witnessed the incident(s): [Click here to enter text.](#)

Description of the incident(s):

[Click here to enter text.](#)

Filing complaint alleging bullying on the basis of: (if applicable)

- ☐ Sex ☐ Race ☐ Religion
☐ Color ☐ National Origin ☐ Ancestry
☐ Creed ☐ Pregnancy ☐ Marital/Parental Status
☐ Sexual Orientation ☐ Physical, Mental, Emotional or Learning Disability/Handicap

Evidence of bullying: ☐ Deliberate or intentional behavior using words or actions
☐ Intended to cause fear/intimidation or harm
☐ Involved real or perceived imbalance of power
☐ Repeated action or anticipated to be repeated

If information is attached, please indicate number of pages and initial here [Click here to enter text.](#) # of pages [Click here to enter text.](#)

This complaint is filed based on my honest belief that [Click here to enter text.](#) has bullied me. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Signature of Complainant: _____ Date: _____

Person receiving complaint (printed): _____

Signature of person receiving complaint: _____

Title: _____ Date received: _____

For office use only:

Findings: ☐ Harassment ☐ Bullying ☐ Other [Click here to enter text.](#)

Action Taken: ☐ Discipline entered in Skyward

☐ Other [Click here to enter text.](#)

October 20, 2015