

BULLYING/HARASSMENT COMPLAINT FORM (Students May Report Anonymously)

Date Filed: Name of student being bullied/ harassed:
Address: Phone #:
Please identify yourself: □Student □Parent/Guardian □Employee □Volunteer □Other
Please check the type of bullying that has occurred (more than one can be checked):
Verbal Abuse Physical (name-calling, racial remarks, belittling, etc. Can be done over the phone, in writing, in person, over the phone, text, email) Physical (hitting, kicking, shoving, twisting limbs, spitting, or destroying personal belongings)
Extortion (verbal or physical bullying for money or personal items) Hazing (Having to participate in an act of physical or emotional harm to be part of a group, or are a victim of a group)
Indirect Bullying Cyberbullying (Using technology to harass, threaten, or target another isolating to purposely cause emotional distress) Cyberbullying Cyberbullying Cyberbullying Using technology to harass, threaten, or target another person – text, IMs, email, Facebook, videos, MySpace, Twitter, etc.)
Bullying/ Harassment on the basis of: Race, color or nationality Gender or Gender Identity Other
School Site:Dates of alleged bullying or harassment(s):
Person(s) alleged to have committed the bullying or harassment:
Description of the incident: If possible, use specific dates, times, locations, names, etc. Use the backside of the form or additional sheets if necessary.
Names of Witnesses:
Names of Witnesses: Have you reported this to anyone else: Yes No If so, who?

knowledge.