

Bullying & Harassment Form

Complainant/Age: _____ Date: _____

School Attending: _____ Psychological Services Requested: _____

Type of Harassment: Bullying Sexual Racial Religious

Name of person (s) you believed bullied, harassed or was violent toward you or another person:

List witness(es) who were present, if any: _____

Date of Alleged Incident (s): _____

Where did the incident (s) occur: _____

Describe the incident(s) as accurately and completely as possible including any verbal statements made (threats, demands, request, etc). If physical contact was involved, please describe it. Include additional pages if needed.

Corrective Action Recommended by the Victim: _____

I certify that the information I have provided in this report is true, correct, and complete to the best of my knowledge.

(Complainant's Signature & date)

(Received by & date)

(Principal's Signature & date)

Original Copy to Principal,
1 copy to Complainant/Parent
1 copy to Student Services
1 copy to Title IX Coordinator (if applicable)