



### Bullying Complaint Report Form

To be completed by party wishing to report a bullying incident. This report **MUST** be completed to file a complaint relating to an incident of alleged bullying, and turned in to the school Principal/ designee of the target's home school or the appropriate area/ district office.

Check this box if you wish to remain anonymous.

<b>YOUR NAME (last, first) and GRADE</b>	<b>PRINCIPAL/ADMINISTRATOR</b>
<b>Please check if you are one of the following:</b> <input type="checkbox"/> Target of bully <input type="checkbox"/> Witness of bullying	<b>INCIDENT DATE</b>
<b>TARGET NAME (last, first) and GRADE</b>	<b>ACCUSED NAME (last, first) and GRADE</b>

Describe the location where the incident took place:

Describe the incident:

List any other witness names and grades:

List evidence of bullying (notes, photos, etc). Attach evidence if possible.

**I agree that all of the information on this form is accurate and true to the best of my knowledge.**

\_\_\_\_\_  
Signature of Person Completing this Form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person receiving Bullying Complaint Form/Title and School

\_\_\_\_\_  
Date

**This report will be followed up within 1 school day.**

**If you fear a student/staff member is in IMMEDIATE danger, please contact the police immediately.**

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**Office Use Only**

**Investigation Results and Action Taken:**