



BULLYING / HARASSMENT COMPLAINT FORM

Name of student complainant: _____

Name(s) of alleged harasser(s): _____

Approximate date(s) of alleged harassment or when harassment began, if ongoing:

Location or situation where alleged harassment occurred or is occurring:

Nature of the harassment: _____

Other individuals in whom you have confided or may have witnessed the alleged harassment:

Investigated by:

Investigation findings:

Action by school: _____

Signature of Complainant or Complainant's Parent

Date

Signature of Individual Receiving Complaint

Date