

Complaint of Alleged Bullying/Harassment/Hate Behavior (Turn completed form in to the School Office)

Your Name:

Date:

Who was allegedly bullied? (First and Last name, if known):

Who was the alleged bully? (First and Last name, if known):

I notified someone of the bullying.

YES

If you did notify someone, who did you notify?

NO

I certify that this information is correct to the best of my knowledge.

Student/Parent Signature: _____

Please use the back of this form to write your statement of what happened in detail.





Describe in detail using the following:

What happened?

Where did it happen?

How did it happen?

When did it happen?

Did anyone see it? (First and Last name, if known)

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