

Bullying or Harassment Report Form

This report **MUST** be completed to file a complaint relating to an incident of alleged bullying or harassment and turned into the school principal/designee of the victim's school or the appropriate district/cluster office.

You are the: **Complainant** **Witness (Circle One)** Please, type or print clearly

School/Department Name	School #/RC#		Report Date	Report Time
Your Name (last, first, middle)	School #/RC#	Age	Grade/Dept.	Gender/Race
Alleged Victim's Name (last, first, middle)	School #/RC#	Age	Grade/Dept.	Gender/Race
Alleged Perpetrator's Name (last, first, middle)	School #/RC#	Age	Grade/Dept.	Gender/Race

Where did the incident occur? Be specific (i.e., classroom, hallway, cafeteria, playground, bus). _____

When did the incident occur? Day: _____ Date: _____ Time: _____ AM/PM

What happened? Describe in detail. _____

Were there any witnesses? Yes No (Circle one) Provide name(s) and contact information. _____

List and attach any evidence of bullying or harassment. (i.e., letters, texts, photos, etc.) _____

Have you been bullied or harassed before by this person? Yes No (Circle one) If so, how many times? _____

Have you been bullied or harassed or witnessed bullying or harassment by this person before? Yes No (Circle One) If so, how many times? _____ Was a report filed for the previous time(s)? Yes No (Circle one) When? _____

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

Signature of Complainant/Witness _____ Title _____ Date _____

For Office Use Only			
Investigator's Printed Name	Signature	School/Dept .	Date
Findings: _____			

