

# HARASSMENT AND/OR BULLYING COMPLAINT FORM

The purpose of this form is to inform the district of an incident or series of incidents of bullying and/or harassment so we can investigate and take appropriate steps. If you feel unsafe, or if your child feels that way, fill out this form, but we urge you to speak directly with The Dean of Students as soon as possible so we can address your concerns.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Describe the incident(s). Please include when and where it happened.

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List the name(s) of the individual(s) accused of bullying and/or harassment.

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Were there any witnesses?  Yes  No If yes, please list the names of the individual(s).

I certify that all statements on this form are accurate and true to the best of my knowledge.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Please attach any supporting documentation (i.e., copies of school emails, notes, photos, etc.).**

**Return this form to:** Dean of Students

### Note on confidentiality:

In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s).

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

Does this meet specific criteria for prohibited actions?  Yes  No