

Harassment and or Bullying Complaint Form

General Information:

Reporter (Form can be filled out as Anonymous)		
Last name:	First Name:	Date:
Phone:	Email:	
Alleged Victim		Grade (If Student):
Last Name:	First Name:	Position:
Age:	Race:	Sex:
Alleged Aggressor:		Grade (If Student):
Last Name:	First Name:	Position:
Age:	Race:	Sex:
Alleged Aggressor:		Grade (If Student):
Last Name:	First Name:	Position:
Age:	Race:	Sex:

Most Recent Incident:

Date: _____ Time: _____

Location: _____

Please describe the incident in as much detail as possible: _____

Witnesses: _____

Signature of Reporter(Please ignore if filling out anonymously): _____ Date: _____

Administrator _____ Title: _____

Administrator Signature: _____ Date: _____