



HARASSMENT AND/OR BULLYING COMPLAINT FORM

The purpose of this form is to document an incident or series of incidents of bullying and/or harassment so we can investigate and take appropriate steps. **For parents, if you or your child feels that they are unsafe, speak directly with the principal/Dignity Act coordinator in your building immediately and then fill out this form.**

Student Name

Student ID:

Grade: Home District:

Building:

Date of Incident:

Approximate time of incident:

Location(s) of incident:

Describe the incident(s).

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

List the name(s) of other possible victims:

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

What is your relationship to the student?

Parent Teacher Student Peer Self Other (please indicate)

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

Printed Name

Signature

Date

Return this form to your building principal/Dignity Act Coordinator