

HARASSMENT, INTIMIDATION OR BULLYING  
OFFICIAL COMPLAINT FORM

Date: \_\_\_\_\_

Name of Complainant:

\_\_\_\_\_

Name of Victim: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ Parents Contacted: Y N

Time, date and location of alleged conduct:

\_\_\_\_\_  
\_\_\_\_\_

Name(s) of offender(s): \_\_\_\_\_

What did offender(s) do?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of incident(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness(es) to alleged incident:

\_\_\_\_\_  
\_\_\_\_\_

Intervention provided by staff?

\_\_\_\_\_  
\_\_\_\_\_

Staff member completing this report:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date report submitted to building administrator: \_\_\_\_\_

Report reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Date report forwarded to district administrator: \_\_\_\_\_

Report reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_