

BULLYING COMPLAINT FORM

Name of person bullying you or others: _____

If you do not know their name, who might know the name? _____

Please tell us what happened:

When did it happen? _____

Where did it happen? _____

Has it happened before? _____

Witnesses (who saw or heard something)

Would you like a staff member to talk with you? (Counselor, Social Worker, Teacher, Administrator)

Yes _____ No _____

Please write your name here: _____

Today's date: _____