## **BULLYING INCIDENT REPORT FORM**

If you have been the target of bullying or have witnessed the bullying of a District student, complete this form and submit to the building principal. Complaints against building principals should be submitted to the Assistant Superintendent. Complaints against the Assistant Superintendent should be submitted to the Superintendent. Complaints against the Superintendent should be submitted to the Board of Education. Reports of bullying will be investigated and disciplinary action will be taken as warranted.

Date File:	Your Name*:	
Phone Number(s)		
Indicate the appropriate	response to the following with a check mark(s):	
	z Parent EmployeeVolunteer z:	
Name of student(s) subj	cted to bullying:	
Person(s) alleged to hav	committed the bullying or harassment:	_
Summarize the incident back side of this form, if	) or occurrence(s) of bullying as accurately as possible. Attach additional sheets or use ecessary.	-
Have you reported this t	anyone else: Yes No. If so, who?	
*Signature of Complaina	ıt	
investigate this matter is report of bullying or had	to complete this form anonymously. However, it will be easier for the District to as much information as possible is provided. Submission of a good faith complaint or ssment will not affect the complainant or reporter's future employment, grades, ronment. A complainant that falsely accuses someone will be subject to disciplinary	
This Section is for use of		_
Date Received by Princip	ıl:	
Investigative Action take	ı:	-
Result of Investigation/A	tion taken:	-

Signature of Principal:	