Bedford County
Complaint of Alleged Bullying or Harassment Form

Complainant's Name: _____ Date: _____

Address: _____
Street City Zip Code

Telephone Number: _____ Grade___ Sex ____

I wish to complain against:

Name(s) of person(s) _____ Grade ___ Sex ____

Name(s) of person(s) _____ Grade ___ Sex ____

Name(s) of person(s) _____ Grade ___ Sex ____

Date(s) of alleged bullying or illegal harassment: _____

What action was taken against you to cause you to file this complaint?

What happened? Where did it happen? Who was involved? Who witnessed the behavior?

(Attach Completed Written Statement Form)

_____

_____

_____

_____

What informal steps have you taken, if any, to stop the behavior? _____

_____

_____

Is there anyone who could provide more information regarding this complaint? Please list:

Name Grade Sex

_____

_____

What outcome would you like to see? _____

_____

I certify that this information is correct to the best of my knowledge.

_____ _____

Signature of Complainant Signature of Translator

_____ _____

Person Receiving Complaint Date

Please use the back of this page if you need more room to write.