BULLYING/HARASSING BEHAVIOR COMPLAINT FORM

Claiborne County School District

School_____

Name(s) of person(s) being bullied	Grade(s) of person(s) being bullied
Name of person reporting	Title of person reporting:

Relationship to victim

Name(s) of accused:	
Location of incident	Date and time of incident

Described what happened and who was present. Use reverse side or attach additional pages, if needed

Other incidents of bullying, if any:

Type of Bullying: Physical or Cyber

I certify that all information provided in the complaint is true and complete. I understand that any intentional misstatement of fact may subject me to school discipline.

Signature of Individual making Report	Date
Signature of Official Receiving Complaint	Date

Reports of student bullying must be submitted to the Principal