

East Jasper Consolidated School District

# Bullying/Harassing Behavior Complaint Form

Complainant		Date	
Home Address	City	State	
Home Telephone	Date of Alleged Bullying/Harassing		
Name of Person Responsible for the Bullying/Harassing			
When and Where did the incident occur?			
Describe other details of the Bullying/Harassing as clearly as possible. Attach additional pages if necessary.			
Did anyone witness the Bullying/Harassment?	Yes	No	If yes, name of witness(es)
What was your reaction to the Bullying/Harassing?			
How should this Bullying/Harassment be resolved?			
Signature of Complainant		Date	