This form is used to document an incident of bullying or harassment when the incident is reported directly by the alleged target (complainant). This form may be completed by the building principal, district complaint officer, or complainant. If completed by the complainant, this should be done in the presence of the principal or district complaint officer. If completed by the principal or district complaint officer, this should be done in the presence of the complainant, and all information should be recorded verbatim.

|  |  |  |  |
| --- | --- | --- | --- |
| Complainant’s Name: |  | Gender: |  |
| Grade: |  | School: |  |
| Person Taking Report: |  | Date: |  |

I wish to file a complaint against:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Grade: |  | Gender: |  |
| Name: |  | Grade: |  | Gender: |  |
| Name: |  | Grade: |  | Gender: |  |
| Name: |  | Grade: |  | Gender: |  |

|  |  |
| --- | --- |
| Where did the incident take place? |  |
| What date did the incident take place? |  |
| What time of day did the incident take place? |  |

Describe what happened. Include information about any interaction or incidents that occurring during the time period leading up to this report. (Attach additional pages if needed.)

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

Describe your past relationship with the person or people you are registering this complaint against.

What outcome would you like to see for this situation?

List all witnesses who saw or heard what happened.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Grade: |  | Gender: |  |
| Name: |  | Grade: |  | Gender: |  |
| Name: |  | Grade: |  | Gender: |  |
| Name: |  | Grade: |  | Gender: |  |

List any students (other than those listed above) who can provide more information regarding this incident.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Grade: |  | Gender: |  |
| Name: |  | Grade: |  | Gender: |  |
| Name: |  | Grade: |  | Gender: |  |
| Name: |  | Grade: |  | Gender: |  |

List any teachers, support staff, school administrators, or others who can provide more information regarding this incident.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position: |  |
| Name: |  | Position: |  |
| Name: |  | Position: |  |
| Name: |  | Position: |  |

**Declaration: *I agree that all information provided on this form is accurate and true to the best of my knowledge.***

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Signature of Complainant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Translator, if Applicable Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Administrator Taking Complaint Date