

PCES Student Bullying/Harassment Complaint Form



Name of Person Reporting Incident _____

Phone Number _____ Email _____

Address _____

Name of Staff Member or Student at which bullying/harassment behavior is being directed:

Grade: _____ Teacher: _____

Possible Motivation for Bullying/Harassment:

- _____ Age _____ Ancestry _____ Physical Appearance
- _____ Gender _____ National Origin _____ Peer Attention
- _____ Creed _____ Race/Color
- _____ Religion _____ Social/Economic Status
- _____ Other (fill in) _____

Description of Incidents (Include date, times, behaviors, locations, type of social media):

Names of individuals involved in the aggressive behaviors: _____

Names of witnesses and bystanders: _____

Return this completed form to the office at Pinev Chapel Elementary. This form will assist the

Is there any additional information that you would like to provide? _____

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

Name: _____ Date: _____

Signature: _____

This section to be completed by school officials.

Investigation Findings of the Harassment/Bullying Incident

What actions were taken to investigate this incident?

What corrective action was taken in this case?

Parent Notifications:

Alleged victim's parent notified on: _____ via _____

Alleged offender's parent notified on: _____ via _____

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