

BULLYING REPORT FORM

General Statement of Policy Prohibiting Bullying

Independent School District No. 2071 maintains a firm policy prohibiting bullying. All persons are to be treated with respect and dignity. The act of bullying, by either an individual student or a group of students, is expressly prohibited on school property or at school-related functions.

Complainant _____

Home Address _____

Work Address _____

Home Phone _____ Work Phone _____

Date of Alleged Bullying Incident(s) _____

School Site of Bullying Incident(s) _____

Name of person you believe bullied you or another person. _____

If the alleged bullying was toward another person, identify that person. _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (Attach additional pages if necessary.)

Where and when did the incident(s) occur?

List any witnesses that were present

This complaint is filed based on my honest belief that _____ has bullied me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

(Complainant Signature) (Date)

Received by _____

(Date) _____