

BULLYING/HARASSMENT COMPLAINT FORM
(Students May Report Anonymously)

Date Filed: _____ Name of student being bullied/ harassed: _____

Address: _____ Phone #: _____

Please identify yourself:

Student Parent/Guardian Employee Volunteer Other

Please check the type of bullying that has occurred (more than one can be checked):

Verbal Abuse

(name-calling, racial remarks, belittling, etc.
Can be done over the phone, in writing,

Physical

(hitting, kicking, shoving, twisting limbs, spitting,
or