

**Form for Reporting a Complaint of Bullying or Hazing**

This form may be used by a student or a student's parent (or guardian) to submit a complaint regarding Harassment, Violence, Threats of Violence, Intimidation, or Bullying.. This form should be submitted to the administration.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone:

Email address:

Home Address:

Preferred method of contact (provide address, e-mail, or phone number): \_\_\_\_\_

Describe the conduct/circumstances leading to the complaint, including all pertinent facts supporting the complaint (including but not limited to, the specific location(s) of the incident(s)).

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(Attach additional paper, if needed.)

When did this happen (over what time period if continuing or more than once) (include date(s) and time(s), if available):

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(Attach additional paper, if needed.)

Identify the person(s) whose actions led to the filing of the complaint, and all witnesses or other persons having information that is relevant to the complaint.

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(Attach additional paper, if needed.)

OTHER INFORMATION:

• I believe the incident in question was motivated by the following characteristic(s) (Circle All That Apply):

Race, Sex, Religion, National Origin, Disability, An imbalance of strength, power, or influence, or

Other personal characteristics.

Did the incident result in a threat of suicide by the victim: Yes No

Attach copies of documents or other evidence that is relevant to the complaint.

I affirm that to the best of my knowledge, the foregoing information is true, accurate, and complete.

Student/Parent/Guardian :

Date:

Signature(s)