



Bullying Complaint Form

Date: _____ Grade _____ Time _____ Homeroom _____

Complaint Filed by: _____ Verbal ___ Written ___ Electronic ___

Student(s) Bullying:

Grade _____ Location _____

Grade _____ Location _____

Student(s) Affected:

Grade _____ Location _____

Grade _____ Location _____

Type of Bullying alleged:

Verbal _____ Non-Verbal _____ Physical _____ Cyber _____

Check all spaces below that apply. Student stated or identified inappropriate behavior as:

- | | |
|---|--|
| <input type="checkbox"/> Name Calling | <input type="checkbox"/> Insulting Remarks |
| <input type="checkbox"/> Arranging public humiliation | <input type="checkbox"/> Interfering with others property |
| <input type="checkbox"/> Inappropriate gesturing | <input type="checkbox"/> Aggressive Staring |
| <input type="checkbox"/> Shoving/pushing/spiting/tripping | <input type="checkbox"/> Writing/email/phone call |
| <input type="checkbox"/> Hitting/kicking/biting/choking | <input type="checkbox"/> Threatening |
| <input type="checkbox"/> Taunting/ridiculing | <input type="checkbox"/> Rumors/gossip |
| <input type="checkbox"/> Isolating/shunning | <input type="checkbox"/> Racist/homophobic/religious slurs |
| <input type="checkbox"/> Flashing a weapon | <input type="checkbox"/> Other |

Describe the incident, "when and where" did it happen:

Witnesses present during the incident: _____

Physical evidence: Notes ___ Email ___ Web ___ Electronic device ___

Student Signature: _____