



## 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:** \_\_\_\_\_