

**BULLYING COMPLAINT FORM**

Name of student complainant: \_\_\_\_\_

Address: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Name of School: \_\_\_\_\_

Name(s) of alleged harasser(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate date(s) of alleged harassment/discrimination or when began, if ongoing: \_\_\_\_\_

\_\_\_\_\_

Location or situation where alleged harassment/discrimination occurred or is occurring:

\_\_\_\_\_

\_\_\_\_\_

Nature of the harassment/discrimination:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other individual(s) in whom you have confided about the harassment/discrimination:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Individuals you believe may have witnessed or also been subjected to, the alleged harassment/discrimination:

---

---

---

---

Remedy sought: \_\_\_\_\_

---

---

---

---

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of individual receiving complainant

\_\_\_\_\_  
Date