Bullying Report Form

(File with the school principal)
Additional pages may be attached if more space is needed.

Please Print
Name____________________________________________________ Date__________

Address____________________________________________________

Telephone _________________________________ During the hours of _____________

Another phone where you can be reached _____________________________________

Report/Complaint
Date of alleged incident _______________ Where and when did the incident(s) occur?
_______________________________________________________________________

Name of person(s) you believe bullied you or another person ______________________
_______________________________________________________________________

List any witnesses that were present _________________________________________
_______________________________________________________________________

If the alleged bullying was toward another person, identify that person _______________

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc.
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant Signature __________________________________ Date _____________

Received by ______________________________________ Date Received __________

JICFB-E-Bullying Report Form Exhibit 6-24-11

JICFB-E

Revised: 05/24/12