



Student Complaint Form

Bullying, Harassment, or Intimidation

Student Information

Name _____ ID# _____
Grade _____ Phone # _____ Home Address _____

Complaint Filed Against

Name _____ Grade _____
Name _____ Grade _____

Incident

Date _____ Time _____

Location of Incident _____

Is this the first time this has happened? Yes No

Is this the first time you are reporting this? Yes No

Description of the Incident- Provide as much detail as possible

Witnesses (if applicable)

Name _____ Grade _____ Phone# _____

Name _____ Grade _____ Phone# _____

Form Received By: _____ Date: _____

Follow-up meeting with: _____ Date: _____