

Harassment and/or Bullying Complaint Form - Elementary

The purpose of this form is to inform the district of an incident or series of incidents of bullying and/or harassment so we can investigate and take appropriate steps. If you feel unsafe, or your child feels that way, fill out this form, but we urge you to speak directly with the **Principal** or **Assistant Principal** by either visiting the school or calling (*insert telephone number*) as soon as possible so we can address your concerns.

Student's Name _____ Grade _____

Teacher _____ Date of Incident _____ Location/Time of Incident _____

Completed by _____ on Behalf of _____

Target(s):

Who was involved?

What happened?

Where did it happen?

When did it happen?

Additional Notes:

I certify that all statements on this form are accurate and true to the best of my knowledge.

Signature

Date

Please attach any supporting documentation (i.e., copies of emails, notes, photos, etc.).

Return this form to the Principal or Assistant Principal.

Note on confidentiality: In order to investigate the complaint, the district will disclose the content of the complaint only to those persons who have a need to know. This form will not be shown to the accused student(s)/staff.