



## BULLYING, DISCRIMINATION, AND HARASSMENT COMPLAINT

Reporter name (unless you would like to file complaint anonymously):			
Name:			Date:
Grade:		Age:	
Is the person(s) you are reporting about a:			
Student?	YES	NO	Name:
			Grade:
			Name:
			Grade:
Teacher?	YES	NO	Name:
			Title:
Staff member?	YES	NO	Name:
			Title:

**What behavior(s) are you reporting as bullying, discrimination, or harassment?**

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**When did these behaviors occur?** \_\_\_\_\_

**Where were you when this happened?** \_\_\_\_\_

**Did anybody else see this happen?**    YES    NO

**If YES, who?** \_\_\_\_\_

**Signature of reporter (ignore if filing anonymously):** \_\_\_\_\_

**Administrator:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Administrator signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_