

STUDENT HARASSMENT/BULLYING COMPLAINT FORM

Name of complainant:_____

Position of complainant:_____

Date of complaint:_____

Name of alleged harasser/bully:_____

Date and place of incident or incidents:_____

Description of misconduct:_____

Name of witnesses (if any):_____

Evidence of harassment/bullying, i.e., letters, photos, etc. (attach evidence if possible):

Any other information:_____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature_____

Date _____