

HARASSMENT AND/OR BULLYING COMPLAINT FORM

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 if your child feels that way, fill out this form, but we urge you to speak directly with _____ by either visiting room _____ or calling _____ as soon as possible so we can address your concerns.**

Student Name: _____ Student ID: _____

School: _____ Grade: _____

Describe the incident(s). Please include when and where it happened.

List the name(s) of the individual(s) accused of bullying and/or harassment.

Were there any witnesses? ___Yes ___No If yes, please list the names of the individual(s).

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: *(insert applicable name and address of school staff)*

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.

*Dignity Act Coordinators –Michael McLymore & Pedro Roman
Dignity Act Liaisons –Assistant Principals in All Buildings*