



## Anti-Bullying/Harassment Complaint Form



Your Name \_\_\_\_\_

Date \_\_\_\_\_

Name(s) of alleged harasser/bully \_\_\_\_\_

Date(s) and place of incident(s) \_\_\_\_\_

\_\_\_\_\_

Description of what happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Witnesses \_\_\_\_\_

\_\_\_\_\_

Evidence of harassment (photos, texts, letters, etc.) \_\_\_\_\_

\_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_