

**BLACKFORD COUNTY SCHOOLS
BULLYING/HARRASSMENT/INTIMIDATION
COMPAINT FORM**

Complainant Full Name:	School	Race	Gender	Grade	Age
Victim Full Name:	School	Race	Gender	Grade	Age
Alleged Perpetrator Name:	School	Race	Gender	Grade	Age
Location of Incident(s)		Date		Time	

Description of Incident(s) – please be as specific as possible:

List all witness names, grade level, and school

1. _____ Gr. ____ Age ____ School _____
2. _____ Gr. ____ Age ____ School _____
3. _____ Gr. ____ Age ____ School _____
4. _____ Gr. ____ Age ____ School _____

List any evidence of bullying/harassment/threatening behavior (verbal, written, or electronic)
Attach if possible/necessary

To the best of my knowledge, all of the information on this form is true and accurate. I am aware intentionally reporting false information may result in disciplinary/legal consequences

Signature: _____ Date: _____

Printed Name: _____

*Note: If you suspect IMMEDIATE danger exists, please contact law enforcement

FOR ADMINISTRATIVE USE ONLY

Use a separate form for each alleged perpetrator

Alleged Information 1st Offense Repeat Offender/Alleged

Name: _____ Grade: _____ School: _____

Parent Information: _____ Contact Number: _____

Initial Parent Contact Documentation

Parent contact of alleged perpetrator: By phone date: _____ Date letter mailed: _____

Parent contact of alleged victim: By phone date: _____ Date letter mailed: _____

Investigation Details:

Summary of investigation action (Attach additional pages if necessary)

Bullying/Harassment Substantiated Bullying/Harassment Unsubstantiated

Was behavior related to: Race Sex Disability Not Applicable

Action Take: _____

Resulted in Referral Yes No

Investigation turned over to Law Enforcement

Name of personnel notified: _____ Date: _____

Parent Contact Documentation

Parent contact of alleged perpetrator: By phone date: _____ Date letter mailed: _____

Parent contact of alleged victim: By phone date: _____ Date letter mailed: _____

Administrator Signature: _____ Date: _____