

**SAUGUS UNION SCHOOL DISTRICT**  
**Bullying and Harassment Complaint Form**

This form may be used to file complaints alleging bullying and/or harassment concerning  
SUSD students or District personnel.

It is the intent of the Saugus Union School District to provide students victims, parents/guardians of student victims, and students, employees, or community members who witness acts of bullying/cyberbullying and/or harassment a process for submitting a complaint of these acts and to receive a prompt response to such a complaint without fear of retaliation. Any student who feels he/she is a victim of bullying/cyberbullying or harassment should immediately contact a teacher, counselor, site administrator or other school site employee.

It is also the intent of the Saugus Union School District to protect a student and/or staff member from unfair and unfounded accusations, to conduct a prompt and reasonable investigation, and to resolve any complaint in accordance with school and District policies and procedures. All complaints regarding bullying/harassment shall be investigated in a manner that protects the confidentiality of the parties involved while not impeding the investigation.

Submission of this form is encouraged; however, oral reports shall be considered official reports. Reports may be made anonymously, but formal disciplinary action may not be based solely on an anonymous report. School staff shall assist any person submitting a complaint in completing this form, as requested.

**DATE COMPLAINT RECEIVED** (completed by District/school personnel): \_\_\_\_\_

**SECTION I – CONTACT INFORMATION**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ (Please circle one: Home, Cell, Work)

Please Check: Parent/Guardian Student District Employee Other \_\_\_\_\_

**SECTION II – NATURE OF COMPLAINT**

Date of Alleged Incident: \_\_\_\_\_

School Site/Department of alleged incident: \_\_\_\_\_

Nature of the alleged incident/complaint: (Please mark the appropriate areas that apply)

- Bullying (circle all that apply):  
physical, verbal, social, gender-based, sexual, racial/cultural, religion-based, or political-based
- Cyberbullying
- Harassment the basis of (circle all that apply):  
actual or perceived sex, sexual orientation, gender, gender expression, gender identity, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability

Form continued on next page

**SECTION III – SPECIFIC INCIDENT INFORMATION**

Please describe the specific nature of the incident, in detail, including name(s) of people involved in the incident, and the results of any previous meetings or discussions of the incident with School Site or District personnel (use additional pages if necessary)

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**SECTION IV – REPORT OF INCIDENT TO DISTRICT PERSONNEL**

Was the incident of bullying, cyberbullying, or harassment reported to district personnel?  Yes  No  
If yes, to whom? \_\_\_\_\_  
Date the incident was reported: \_\_\_\_\_

**SECTION V – SIGNATURE**

\_\_\_\_\_  
Complainant Signature Date

\_\_\_\_\_  
Site/District Administrator Signature Date

This complaint form must be submitted to the site principal at the school site. Complaints will be investigated in a manner that protects the confidentiality of the parties to the extent necessary to conduct the investigation (BP 5131.2). The Board of Education prohibits retaliation in any form for the filing of a complaint or participation in the complaint procedure.

The District will investigate, mediate, if necessary, and report to the complainant within 30 school days. The parties involved have the right to appeal the final report of findings to the Superintendent or designee within 15 school days of receiving the decision.