



SARGENT CENTRAL PUBLIC SCHOOL

BULLYING COMPLAINT FORM

This report must be completed to file a complaint relating to an incident of alleged bullying and turned in to the school principal/designee or the school office.

Complainant Name: _____ Age/Grade: _____

Victim Name: _____ Age/Grade: _____

Accused Name: _____ Age/Grade: _____

Date of incident and describe the location where the incident took place:

Description of incident witnessed:

List any other witness names and grades:

List evidence of bullying (i.e. letters, photos, etc. – attach evidence if possible):

Indicate your opinion on how this may be resolved. Be as specific as possible:

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

Signature of Complainant

Date

Signature of Person Receiving Complaint Form

Date