

**Complaint Form - Bullying, Cyberbullying, Harassment, Hazing, or Retaliation**

Date of Complaint: \_\_\_\_\_

**Complainant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail (parent): \_\_\_\_\_

Position/school (if employee): \_\_\_\_\_

School (if student, or parent): \_\_\_\_\_

**Respondent Information**

Name of Respondent: \_\_\_\_\_

Building/School/other affiliation of Respondent: \_\_\_\_\_

Grade/Position of Respondent: \_\_\_\_\_

**Describe incident or occurrence as accurately as possible:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional sheet if necessary)

\_\_\_\_\_  
Signature of Person Filing Complaint

\_\_\_\_\_  
Date

\*By signing above, the complainant affirms that the information included is accurate and true.

Date received by Building Administrator: \_\_\_\_\_

Disposition by Building Administrator (check one):

\_\_\_\_\_ FOUNDED      \_\_\_\_\_ NOT FOUNDED      \_\_\_\_\_ INCONCLUSIVE

Disposition date: \_\_\_\_\_