

ANTI-BULLYING/HARASSMENT FORMAL COMPLAINT FORM

Name of complainant: \_\_\_\_\_

Date of complaint: \_\_\_\_\_

Name of alleged harasser or bully: \_\_\_\_\_

Date and place of incident or incidents: \_\_\_\_\_

\_\_\_\_\_

Description of misconduct: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of witness (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evidence of harassment or bullying, i.e., letters, photos, etc. (attach evidence if possible):

\_\_\_\_\_

\_\_\_\_\_

Any other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_