

FOREST MUNICIPAL SCHOOL DISTRICT

Bullying/Harassing Behavior Complaint Form

Name of Person Filing Complaint:		Date:
Home Address:	City:	State:
Home Phone:	Date of Alleged Incident(s):	
Name of Victim:	Name of person(s) responsible for Bullying/Harassing Behavior:	
Where and when did the incident occur?		
Describe other details of the incident as clearly as possible. Attach additional pages as necessary.		
Did you witness the Bullying/Harassing Behavior? Did you intervene? What was your reaction to Behavior? How can this incident be resolved? Explain.		
List name of the witnesses of the Bullying/Harassing Behavior if applicable:		
I affirm that the information provided in this statement is accurate and true to the best of my knowledge.		Date:
_____	_____	
Signature of Complainant	Relationship to Victim	
FOR OFFICIAL USE ONLY BELOW THIS LINE		
Administrator Receiving Complaint:		Date:
Follow-up Notes:		