

The Baker County School District

BULLYING/HARASSMENT COMPLAINT

This form must be completed to officially register a complaint of alleged bullying or harassment.

This form may be completed by the person making the complaint or by the person receiving the report.

The complainant is not required to fill out this form.

Any written or oral complaint shall be considered an official means of reporting.

Complaints may be made anonymously, but formal disciplinary action will not be taken based solely on an anonymous report.

COMPLAINANT NAME _____ GENDER _____ GRADE _____
(If complaint is anonymous, leave blank.) Last First Middle

IF NOT A STUDENT, COMPLAINANT CONTACT INFORMATION: TELEPHONE _____
(If complaint is anonymous, leave blank.)

ADDRESS _____
Street Address City State Zip

VICTIM NAME _____ GENDER _____ GRADE _____
Last First Middle

ACCUSED NAME _____ GENDER _____ GRADE _____
Last First Middle

ACCUSED NAME _____ GENDER _____ GRADE _____
Last First Middle

ACCUSED NAME _____ GENDER _____ GRADE _____
Last First Middle

SCHOOL/DEPARTMENT OR SITE WHERE INCIDENT OCCURRED _____

DATE OF INCIDENT (IF MULTIPLE, LIST ALL KNOWN) _____

DESCRIPTION OF THE INCIDENT(S): Attach additional sheet if needed.

LIST ALL WITNESSES: Attach additional sheet if needed.

NAME _____ GENDER _____ GRADE _____
Last First Middle

NAME _____ GENDER _____ GRADE _____
Last First Middle

NAME _____ GENDER _____ GRADE _____
Last First Middle

LIST EVIDENCE OF BULLYING/HARASSMENT (Notes, letters, photos, etc. – attach evidence if possible):

NAME OF PERSON COMPLETING THIS FORM _____ DATE _____

SIGNATURE _____ TITLE/POSITION _____

ADMINISTRATOR RECEIVING THIS COMPLAINT _____ DATE _____

TO BE COMPLETED BY THE ADMINISTRATOR:

IS THIS INCIDENT WITHIN THE SCOPE OF THE SCHOOL DISTRICT? YES NO

IF "NO," EXPLAIN: _____

REFERRED TO LAW ENFORCEMENT? YES NO DATE PARENTS NOTIFIED _____

METHOD OF NOTIFICATION: LAW ENFORCEMENT _____ PARENTS _____