

BULLYING FORMAL COMPLAINT FORM
PLEASE COMPLETE AND SUBMIT TO SCHOOL PRINCIPAL

Name of Student Complainant _____

Address _____

Phone Number _____

Parent's Name _____

School _____ Grade _____

Name(s) of alleged bully or bullies _____

Approximate date(s) of alleged bullying or when bullying began, if ongoing _____

Location or situation where alleged bullying occurred, or is occurring _____

Nature of bullying _____

Name and position of individual who conducted your informal consultation _____

Other individuals in whom you have confided about the alleged bullying _____

Individuals you believe may have witnessed, or also been subjected to, the alleged bullying _____

Remedy sought _____

Signature of Complainant or Complainant's Parent

Date

Signature of School Principal

Date