

MARION SCHOOL DISTRICT 60-3	NEPN Code: JFCE-E
STUDENT POLICIES & REGULATIONS	

BULLYING REPORT FORM

Complainant Name _____

Home Address _____ Home Phone _____

Work Address _____ Work Phone _____

Date and Time of alleged incident(s) _____

Place where alleged incident(s) occurred _____

Name of person you believe harassed you _____

Describe the incident(s) as clearly as possible _____

List any witnesses that were present _____

What action, if any, has been taken? _____

This complaint is filed based on the belief that _____ has bullied my/my child. I hereby certify the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

Complainant Signature

Date

Received by

Date

ADOPTED: