

Sylvan Union School District

Bullying Complaint Report Form

This report **MUST** be completed to file a complaint relating to an incident of alleged bullying (*for the purpose of this form, bullying encompasses bullying, harassment, and discrimination*) and turned in to the school Principal/designee of the victim's home school or the appropriate area/district office.

COMPLAINANT NAME	SEX	GRADE
VICTIM NAME	SEX	GRADE
SCHOOL SITE/DEPARTMENT (or site where incident occurred)	HOME SCHOOL/DEPT OF VICTIM	
PRINCIPAL/ADMINISTRATOR	INCIDENT DATE / /	Aeries Incident ID#

Describe the location where the incident took place:

Describe the incident:

List all witness names and grades:

List evidence of Bullying (i.e. letters, photos, etc. – attached evidence if possible):

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

Signature of complainant

Date

Name of person receiving Bullying Complaint Form

Date

Be sure to attach any supporting documentation/evidence/investigation.

TIMELINE

Action	Date	Outcome	Signature
Initial contact with parents of victim and accused <i>(Immediately)</i>			
Investigation <i>(Initiation within two (2) school days. Completion date within ten (10) days)</i>			
Agreed to Informal Resolution <i>(Student – Student only)</i>			
Formal Resolution			
Appeals: Referral to Area Superintendent and/or Appropriate Area/District Administrator			