**249-AR-1. REPORT FORM FOR COMPLAINTS OF BULLYING/CYBERBULLYING**

Complainant/Reporter:

Home Address:

Phone Number:

School Building:

Date of Alleged Incident(s):

Name of person(s) you believe violated the district's bullying/cyberbullying policy:

If the alleged bullying/cyberbullying was directed against another person(s), identify the other person(s):

Describe the incident as clearly as possible, including what electronic, written, verbal or physical actions or series of actions occurred, if any, and what verbal statements (i.e. threats, requests, demands, etc.) have been made. Attach additional pages if necessary.

When and where the alleged incident(s) occurred:

List any witnesses who were present:

This complaint is based upon my honest belief that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has bullied/cyberbullied me or another person. I certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complainant's/Reporter’s Signature**\*** Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Received **b**y Date

**\* If a Complainant/Reporter is too young or is otherwise unable due to incapacity to prepare and sign this report, only the “Received by” line shall be signed and the Receiver shall put “N/A” on the Complainant’s/Reporter’s signature line and document below.**

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